



MARPLE TOWNSHIP AMBULANCE CORPS APPLICATION FOR VOLUNTEER MEMBERSHIP

Marple Township Ambulance Corps is delighted that you are considering membership with our organization! We have a long history of serving our community for over 60 years and are always looking for committed individuals who are committed to giving back to their neighbors. Please fill out this application and someone from our membership committee will get back to you shortly. If you have any questions, please contact us by email at membership@marpleems.com.

The application process begins with our receiving a completed application in hard copy at our station. You are free to drop it off or mail it to our station if you prefer. Once we have your application, the membership committee will contact you for a Meet & Greet, an informal session where we will tell you about our organization and what we do, which is typically on the third Sunday of the month. Once you have done the Meet & Greet, the committee may recommend you to the Board of Directors, where you may be approved by the board and then voted in by a vote of the entire membership on the third Wednesday of the month to become a probationary member. The full process of becoming accepted may take up to 4 weeks after receiving your completed application.

Please note that if you are under the age of 18, a parent or legal guardian must come with you the first time you come to our station to meet with the membership committee. Additionally, if you are still in high school, work papers must be attached to your application.

Application instructions:

Please fill out the application to the best of your ability and include copies of any relevant certifications that you may hold, including but not limited to driver's license, EMT certification, CPR card, etc. Please note that being trained is not a prerequisite for MTAC membership and we are able to provide full training for our members.

Background checks:

First page (PA Department of Transportation – Request for Driver Information): Fill out section C with your information, including license number, and sign your name in section E.

Second page (PA State Police – Request for Criminal Record Check): Fill out your demographic information.

These forms will be used to run state background checks, which are required of all members. This information will be kept in strict confidence and is only available to our Board of Directors.



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Marple Township Ambulance Corps (MTAC) considers applications for membership without regard to race, color, religion, sex, national origin, age, disability, veteran status, citizenship, or any other characteristic protected by law.

PLEASE PRINT

MTAC IS A DRUG-FREE WORKPLACE

Name: _____ Date: _____
(Last) (First) (Middle)

Social Security Number: ____ - ____ - ____ Email address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: _____ (cell) _____ (home)

Are you at least 18 years of age? (circle one) YES NO

If no, a parent or legal guardian must sign this application at the end and, if you are still in high school, you must attach a work certificate to this application. Remember that a parent must come with you to the Meet & Greet with the membership committee.

Hours available (please circle): Daytime Evenings Weekends Holidays

How did you find out about MTAC?

Do you have any relatives or friends volunteering or working here? If so, please list:

Have you ever worked or volunteered for this organization in the past? If so, please list date(s), prior position(s), and reason(s) for leaving:



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Certification	Certification Number	Expiration Date	Instructing Agency
CPR			
EMT/EMT-P Level: _____			
National Registry			
PALS			
ACLS			
BTLS			
Other: _____			

Can you provide proof, if accepted, that you are eligible to work in the US? YES NO

Do you have a valid Driver's License? YES NO Class: _____

Issuing state: _____ Driver's License #: _____

List all moving violations (convictions) and accidents in the last five years:

Have you ever been convicted, pled guilty, or no contest to a felony or misdemeanor, including a DUI/DWI, or similar offense, had any moving violations, or had your license revoked or suspended? YES NO If yes, explain: _____

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid? YES NO

If yes, explain: _____

A conviction will not necessarily disqualify you from membership.



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Employment History:

Employer #1: _____

Job Title: _____ Supervisor: _____

Start Date: _____ End date: _____

Job Description (including all duties and responsibilities): _____

Employer's Telephone Number: _____ May we contact? YES NO

Reason for leaving: _____

Employer #2: _____

Job Title: _____ Supervisor: _____

Start Date: _____ End date: _____

Job Description (including all duties and responsibilities): _____

Employer's Telephone Number: _____ May we contact? YES NO

Reason for leaving: _____

Employer #3: _____

Job Title: _____ Supervisor: _____

Start Date: _____ End date: _____

Job Description (including all duties and responsibilities): _____

Employer's Telephone Number: _____ May we contact? YES NO

Reason for leaving: _____

MILITARY:

Branch	Date Began	Date Ended	Rank/Duties	Date Discharged	Location

Explain any gaps in employment: _____



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Have you ever been:

Placed on probation or fired for excessive absenteeism?	YES	NO
Disciplined or fired for insubordination?	YES	NO
Disciplined or fired for violation of safety rules?	YES	NO
Disciplined or fired for assault or fighting?	YES	NO
Disciplined or fired for harassment?	YES	NO
Disciplined or fired for patient abuse?	YES	NO
Disciplined or fired for alcohol or drug related activity at work?	YES	NO

If you answered yes to any question above, please explain: _____

Answers of yes for any of the above questions will not necessarily disqualify you from membership.

HIGH SCHOOL:

Name: _____ Address: _____

Years completed: _____

Did you graduate? YES NO

If no: Highest grade completed: _____ Have you received your GED? YES NO

COLLEGE:

Name: _____ Address: _____

Years completed: _____

Did you graduate? YES NO

Degree: _____ Major: _____ Minor: _____

OTHER COLLEGE:

Name: _____ Address: _____

Years completed: _____

Did you graduate? YES NO

Degree: _____ Major: _____ Minor: _____

TECHNICAL SCHOOL:

Name: _____ Address: _____

Years completed: _____

Did you graduate? YES NO

Certificate: _____ License: _____

Expires: _____ Expires: _____



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OTHER SCHOOL/TRAINING:

Name: _____ Address: _____

Years completed: _____

Did you graduate? YES NO _____

Certificate: _____ License: _____

Expires: _____ Expires: _____

OTHER: _____

EMS/FIRE SERVICE RELATED TRAINING: _____

EMS/FIRE/PROFESSIONAL AFFILIATIONS (other than listed under prior employment):

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:



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List three persons, other than relatives, who have knowledge of your experience and/or education:

Name: _____ Address: _____
Occupation: _____
Years known: _____
Telephone Number: _____

Name: _____ Address: _____
Occupation: _____
Years known: _____
Telephone Number: _____

Name: _____ Address: _____
Occupation: _____
Years known: _____
Telephone Number: _____

List two personal references that have known you for at least three years outside work:

Name: _____ Address: _____
How they know you: _____
Years known: _____
Telephone Number: _____

Name: _____ Address: _____
How they know you: _____
Years known: _____
Telephone Number: _____



MARPLE TOWNSHIP AMBULANCE CORPS APPLICATION FOR VOLUNTEER MEMBERSHIP

I certify that the information I have given on this application is true, complete, and correct, and I understand that any false information, or the omission or information, may be considered as sufficient reason for my discharge if accepted. I recognize that completion of this application does not imply acceptance and does not obligate the company in any way. Applications will remain active for six months, after which time re-application will be necessary. If accepted, membership will be “at will” and either I or the corps is free to terminate the relationship at any time in accordance with the provisions of the MTAC bylaws. This application is not an agreement or a contract for employment.

If offered membership, MTAC will provide tests for bloodborne and airborne pathogens, e.g., tuberculosis, hepatitis, etc., and offer vaccinations where appropriate.

I understand that I may be required to undergo drug-screening tests as a condition of membership. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to membership and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital, or testing laboratory to conduct any medical test or examination as may be required by the company as a condition of my membership, and I hereby give my consent to the release of all information which the corps deems necessary to determine my ability to perform duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from MTAC.

I hereby authorize MTAC to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for membership, including a criminal history check, driving history check, child abuse clearance check, credit history, and other such inquiries. I release MTAC and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded, my membership with the company may be terminated.

Applicant’s Signature: _____ Date: _____

Printed Name: _____

Signature of Parent or Legal Guardian: _____

(Required if applicant is under 18 years of age.)



REQUEST FOR DRIVER INFORMATION

The most current version of this form can be found at www.dmv.state.pa.us
DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17106-8695

CHECK (✓) ONE ONLY:

- BASIC INFORMATION: **\$8.00 FEE** (*Driver history is not included*)
- 3 YEAR DRIVER RECORD: **\$8.00 FEE**
- 10 YEAR DRIVER RECORD: **\$8.00 FEE** (*Employment Purposes Only*)

- FULL HISTORY: **\$8.00 FEE**
- CERTIFIED DRIVER RECORD: **\$30.00 FEE**
- COPY OF DOCUMENT FROM FILE (MICROFILM): **\$8.00 FEE**
- CERTIFIED COPY OF DOCUMENT FROM FILE: **\$30.00 FEE**

You may obtain a copy of your own 3 year, 10 year and/or Full History Driving Record on PennDOT'S website at www.dmv.state.pa.us

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**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK**

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. *A response may take four weeks or longer.*
Warning: A person commits a misdemeanor of the third degree if he/she makes a written false statement, which he/she does not believe to be true.

TRY OUR WEBSITE FOR A QUICKER RESPONSE

<https://epatch.state.pa.us>

NAME/ REQUESTER	Marple Township Ambulance Corps
ADDRESS	610 Parkway Dr, PO Box 172
CITY/STATE/ ZIP CODE	Broomall, PA 19008

FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER
AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 Local Number 717-425-5546 1-888-QUERYPA (1-888-783-7972)
DO NOT SEND CASH OR PERSONAL CHECK
CHECK ONE BLOCK
<input checked="" type="checkbox"/> INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00, PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE
<input type="checkbox"/> FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

6	1	0	-	3	5	6	-	1	6	3	9
---	---	---	---	---	---	---	---	---	---	---	---

NAME/SUBJECT OF RECORD CHECK (FIRST)	(MIDDLE)	(LAST)
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)
		SEX
		RACE

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only

REASON FOR REQUEST: All requests \$10.00

*****MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA *****

◀◀◀◀◀CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶

INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED.

- | | | |
|---|--|---|
| <input type="checkbox"/> ADOPTION (DOMESTIC) | <input checked="" type="checkbox"/> EMPLOYMENT/SCREENING | <input type="checkbox"/> PASSPORT |
| <input type="checkbox"/> ATTORNEY | <input type="checkbox"/> FOSTER CARE | <input type="checkbox"/> PRIVATE INVESTIGATIONS |
| <input type="checkbox"/> BANKING | <input checked="" type="checkbox"/> HEALTHCARE | <input type="checkbox"/> SOCIAL SERVICES |
| <input type="checkbox"/> BAR ASSOCIATION | <input type="checkbox"/> HOUSING | <input type="checkbox"/> TENANT CHECK |
| <input type="checkbox"/> CHURCH | <input type="checkbox"/> INSURANCE LICENSE | <input type="checkbox"/> VISA |
| <input type="checkbox"/> CHILD CARE | <input type="checkbox"/> MENTAL HEALTH | <input checked="" type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER |
| <input type="checkbox"/> EDUCATION | <input type="checkbox"/> NURSE AID TRAINING | <input type="checkbox"/> VOLUNTEER |
| <input type="checkbox"/> ELDER CARE | <input type="checkbox"/> OTHER _____ | |
| <input type="checkbox"/> EMERGENCY MANAGEMENT | | |

ACCESS & REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.