



Application for Membership Skippack Emergency Medical Services

**Personal Information:**

Name: _____

Social Security #: _____ - _____ - _____ DOB: __/__/____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone :() _____ Work Phone: () _____ Cell: () _____

Email Address: _____

Driver's License # _____ State: _____

Vehicle (Make, Model, Year):

License Plate #: _____ Do you have a blue light? _____

Do you consent to criminal history and background check? _____

I am aware this background check will cost me \$10. Please initial: _____

Have you ever been convicted of a misdemeanor or felony? _____

If yes, please explain: _____

Occupation: _____

Current place of employment: _____

If student-name of school currently attending: _____

School principal or counselor: _____

In case of emergency:

Contact: _____ Phone: _____

Contact: _____ Phone: _____

Physician: _____ Phone: _____

Hospital of choice: _____

Medical History:

List any physical or other limiting health challenges that may restrict you from certain ambulance related activities. (Ex: back problem with restricted lifting to 10lbs.): _____

Allergies: _____

Medications: _____

Other pertinent information: _____

Related Training:

Please list all current medical, ambulance, fire, etc. training and certifications.

Some examples include:

Emergency Response, First Responder, EMT, Paramedic, PHRN, CPR, First Aid, EVOC,
Haz-Mat, NIMS, PALS, ACLS, PHTLS, BTLS, VRT, FF1.....

Are you now or have you ever been a member of another ambulance or fire company?

If yes, please explain what station and date of membership:

References: Name, Phone Number, Relationship

Personal References (not related to you):

- 1. _____
- 2. _____
- 3. _____

Professional Reference (work, school):

- 1. _____
- 2. _____

Note: SEMS, Inc. is requesting that you the applicant furnish us with all of the requested information on this application in order to complete and obtain all necessary reports. If you do not complete all of the information in this application, you may be required to obtain and forward to SEMS, Inc. and necessary investigative reports at your cost, prior to membership.

To the best of my knowledge, the information listed on this application is correct.

(Print Name)

(Signature)

(Date)

If you 18 years of age, application must be co-signed by parent/guardian.

(Print Name)

(Signature)

(Date)

_____ **Do not write below this line. For membership committee only.** _____

Membership Committee:

Committee Comments:

Date called or notified: _____ phone email message
Date Interviewed: _____
PATCH/Background check: _____
References called:

Other /Update:

Please attach:

- _____ PATCH/Background checks
- _____ Certification
- _____ Drivers License
- _____
- _____

Criminal Background Check Website: <https://epatch.state.pa.us>

Child abuse check: <https://www.compass.state.pa.us/CWIS/Public/ClearanceLearnMore>