



Non-Profit Organization
Founded 1933

VOLUNTEER MEDICAL SERVICE CORPS OF LANSDALE

P.O. Box 208 175 Medical Campus Drive
LANSDALE, PENNSYLVANIA 19446



Ambulance Phone: 911 Business Office FAX (215) 362-5075 Staff Office FAX (215) 361-7333 Information Phone: (215) 855-3779

NAME: _____ DATE: _____

ADDRESS:

CITY / STATE / ZIP CODE:

HOME PHONE: (_____) _____ - _____ OTHER: (_____) _____ - _____

PAGER NO.: (_____) _____ - _____ e-mail: _____

DATE OF BIRTH: _____ AGE: _____

(The state of Pennsylvania has a minimum age requirement of personnel that are part of an ambulance crew)

SOCIAL SECURITY NUMBER: _____ / _____ / _____

DRIVER'S LICENSE NUMBER : _____ STATE: _____

EMPLOYMENT:

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY / STATE / ZIP CODE: _____

BUSINESS PHONE : (_____) _____ - _____

LENGTH OF EMPLOYMENT: _____

EDUCATION:
HIGH SCHOOL: _____

LOCATION: _____

GRADUATE? YES / NO YEAR OF GRADUATION: _____

Note: If currently a High School student please complete the following:

NAME OF GUIDANCE COUNSELOR: _____

GUIDANCE COUNSELOR'S PHONE NUMBER: (_____) _____ - _____

COLLEGE: _____

GRADUATE? YES / NO YEAR OF GRADUATION: _____

Please list all EMS, RESCUE, FIRE and / or other PUBLIC SAFETY instruction / courses that you have successfully completed:

- 1) _____ Date: _____
- 2) _____ Date: _____
- 3) _____ Date: _____
- 4) _____ Date: _____

For additional courses, please use a separate sheet of paper or the back of this page.

Are you presently or have ever been a member (volunteer or career) of any EMS, RESCUE, FIRE or other Public Service organization? If so, please provide the name, address, phone number, dates of service and the name of the Chief, President, etc. for each of these organizations:

- 1) _____

- 2) _____

For additional organizations, please use a separate sheet of paper or the back of this page.

PRESENT PHYSICAL CONDITION (Also see MEDICAL RELEASE FORM):

NAME OF YOUR PHYSICIAN: _____

DATE OF YOUR LAST PHYSICAL: _____

Have you ever been given a Hepatitis - B vaccine? YES / NO
If YES please obtain a copy of when the vaccine was given from providing
physician.

Have you ever been given a Tuberculosis test? YES / NO
If YES, please obtain a copy of when the test was given from providing physician.

Are you currently taking any prescription or non-prescription medications / drugs? YES / NO
If YES, please list:

1) _____ 2) _____

For additional medications, please use a separate sheet of paper or the back of this page.

Do you have any physical limitations that we should be aware of and that may impair your
function as an Emergency Health Care Provider? YES / NO

If YES, please
explain: _____

Have you ever been convicted of any crime? YES / NO
(The Pennsylvania Department of Health requires all ambulance personnel convicted of a misdemeanor crime or greater report their conviction to the Department of Health for review)

If YES, please explain: _____

IF YOU ARE UNDER THE AGE OF 18 OR YOU ARE STILL A FULL TIME HIGH SCHOOL STUDENT, a copy of a Work Release from your High School Guidance Counselor and the following parental (or legal Guardian) permission are required.

I certify that I (please print name) _____ am the
Parent or Legal Guardian of _____ (please print),
and it is with my permission and understanding that this application is submitted to
the Volunteer Medical Service Corps of Lansdale.

SIGNED: _____ DATE: _____

Dear Applicant:

Please return the completed application (and the two attached forms) to the Personnel Department along with a \$2.50 application fee.

You will be contacted by the Personnel Department for a brief interview. Please be prepared to provide (IF APPLICABLE) any EMS Certification that you currently carry (i.e. First Aid Card, FIRST RESPONDER, EMT or PARAMEDIC Card, etc.) and your current CPR card.

OFFICE USE ONLY: Date of interview by Personnel Department:

Date of interview by Training Department:

Date of interview by Safety Officer:

Date placed on the books: _____

Date voted into membership: _____