

# MANHEIM TOWNSHIP AMBULANCE ASSOCIATION

*An Equal Opportunity Employer*

## Volunteer Application

<b>APPLICANT INFORMATION</b>					
Last Name	First	M.I.	Date		
Street Address			Apartment/Unit #		
City		State		ZIP	
Phone		E-mail Address			
Birth Date:		Social Security No:		Driver's License #:	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you 21 years of age or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been employed here?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Ever been discharged or ask to resign?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
<b>VOLUNTEER POSITION DESIRED</b>					
EMT <input type="checkbox"/> Paramedic <input type="checkbox"/> Clerical <input type="checkbox"/> Other <input type="checkbox"/>			Certificates Attached?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Prior Ambulance Experience? YES <input type="checkbox"/> NO <input type="checkbox"/>		When?:		Where?:	
Please check those that apply? CPR <input type="checkbox"/> Current EMT/Paramedic <input type="checkbox"/> EVOG <input type="checkbox"/> Haz-Mat (16 hr) <input type="checkbox"/>					
<b>EDUCATION</b>					
High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
<b>REFERENCES</b>					
<i>Please list three professional references.</i>					
Full Name			Relationship		
Company			Phone (      )		
Address					
Full Name			Relationship		
Company			Phone (      )		
Address					
Full Name			Relationship		
Company			Phone (      )		
Address					

<b>CURRENT EMPLOYMENT</b>					
Company		Phone (    )			
Address		Supervisor			
Job Title	Starting Salary	\$	Ending Salary	\$	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company		Phone (    )			
Address		Supervisor			
Job Title	Starting Salary	\$	Ending Salary	\$	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company		Phone (    )			
Address		Supervisor			
Job Title	Starting Salary	\$	Ending Salary	\$	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
<b>MILITARY SERVICE</b>					
Branch		From		To	
Rank at Discharge		Type of Discharge			
If other than honorable, explain					
<b>DISCLAIMER AND SIGNATURE</b>					
<b>I certify that my answers are true and complete to the best of my knowledge.</b>					
<b>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</b>					
<b>Guardian/Parent Signature if Minor</b>					
<b>Signature</b>				<b>Date</b>	
Interviewed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Accepted?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
					Start Date