



Greater Valley Emergency Medical Services, Inc.

904 North Lehigh Avenue, Sayre, PA 18840-1842

Transportation (570) 888-0958 – Phone (570) 888-6000 – FAX (570) 888-1219

JUNIOR VOLUNTEER APPLICATION

I. Personal

Date ____/____/____

1. Name : _____(full legal name)
2. Street Address: _____
3. City, State, Zip: _____
4. Email address which you check often: _____
5. Home Phone: (____) _____ - _____ Work Phone : (____) _____ - _____
6. Social Security No. _____ - _____ - _____ Cell Phone: (____) _____ - _____

II. E.M.S. History

1. Are you presently certified by the Commonwealth of Pennsylvania or State of New York as an Emergency Medical Technician ____ Yes ____ No
If yes, please provide your certification number: _____, expiration date: _____ and a **copy of your certification with this application.**

2. Are you certified in CPR? ____ Yes ____ No. Expiration Date: ____/____/____

3. Are you willing to take further training when available? ____ Yes ____ No

III. Emergency Field Experience

Please list all emergency services that you have been affiliated with, the dates of your affiliation, and the name of your supervisor.

Dates	Service	Supervisor
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

IV. Training History

Please list any training and certification that you may have received. Please submit copies of certificates.

V. Other Information

1. Have you ever been convicted of a felony by a civil or military authority? (excluding misdemeanors or summary offenses) Yes No
2. Do you use controlled drugs (i.e. non over the counter drugs) not prescribed by a licensed physician or practitioner who is authorized to prescribe drugs? Yes No
3. **NOTICE:** Per OSHA regulations and the N-95 respirator fit requirements, you are required to be clean shaven around your chin, mouth and nose in order to get a correct fit of the mask. You may have a mustache or goatee if it does not interfere with the mask fit. Will you adhere to this policy?
 Yes No
4. Please list any other special training skills (i.e. language, machine, computer operation, music, sports, etc.)

VI. References

Please list the names, addresses, and phone numbers of three persons who are **not relatives**, are not former employers, and whom you have known at least one year.

1. Name: _____ Phone # - (____) _____ - _____
 Address: _____
2. Name: _____ Phone # - (____) _____ - _____
 Address: _____
3. Name: _____ Phone # - (____) _____ - _____
 Address: _____

VII. Why do you want to join the Junior Program at Greater Valley? _____

What do you want to get out of the Program at Greater Valley? _____

VIII. Junior Supplemental Information

Highest grade level completed (circle one) 9 10 11 12

Parent's Name: _____

Parent's Signature: X _____

Name of School you are attending: _____

Address of School _____

Guidance Counselor's Name _____ Phone No. _____

Guidance Counselor's Signature X _____

Principal's Name: _____ Phone No. _____

Principal's Signature X _____

NOTE TO JR. MEMBER -- The following documents need to be submitted with this application:

1. Current work permit.
2. Most recent report card.

IX. Verification Statement

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if accepted for membership, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give any and all information concerning my previous employment, any criminal record history including

Health & Human Services searches, and any pertinent information they may have, and release all parties from all liability from any damage that may result from furnishing same to Greater Valley EMS, Inc.

I understand and agree that, if accepted, my volunteer status is “at will” and for no definite period, may be terminated at any time, without prior notice and without cause.

I also understand that I am required to be 21 years of age to operate any motor vehicles for Greater Valley EMS, Inc. I will also be required to provide a record of my immunization upon commencement of my membership.

Signature: _____ **Date:** _____

This application should be submitted to Human Resources with the appropriate documentation.