



Elverson Honey Brook Area EMS

PO Box 154 Elverson, PA 19520

Phone: 610-286-8925 Fax 610-913-6154 Billing: 610-816-6135

Proudly Service Chester County, Lancaster County, and Berks County Since 1948

Volunteer Membership Application

(Please Print or Type)

Today's Date: _____

Legal Name: _____

Address: _____

Phone Number: _____ Select One

Alternate Phone Number: _____ Select One

Email Address: _____

Social Security Number: _____ Age: _____ Date of Birth: _____

Driver's License Number: _____ State: _____ Exp Date: _____

Have you been convicted of a crime other than a traffic violation? Yes ___ No ___

If yes, please provide a date and explanation:

Certifications (Please attach copies)

Certificate	Cert Number	Date Received	Expiration
CPR			
EMT (or higher)			
EVOC			
Other:			

Education

	School Name	Location	Field of Study	Completion Date
High School				
College				
Other				
Other				

References

Name	Association	Phone Number	Contacted (office use)

Other Public Safety Affiliations

Name	Organization	Chief Officer	Can we contact?

Certification

I voluntarily give Elverson Honey Brook Area EMS the right to make a thorough investigation of all data supplied on this application and in connection therewith, authorize any person, association, partnership, or corporation to supply all information and/or documents pertaining to the data supplied in this application. I agree to comply with all Elverson Honey Brook Area EMS safety and health standards. I agree to comply with all policies and procedures put forth by Elverson Honey Brook Area EMS. The facts provided on this application are true and correct to the best of my knowledge and I understand that any false answers made on this application will be sufficient grounds for immediate disciplinary procedures of denial of this application.

Applicant Signature: _____ Date: _____

Parental/Guardian Consent Form

(Required for any applicant under the age of 18)

I, _____, as the parent/guardian of the above applicant, hereby give my permission for _____ to become an active member of Elverson Honey Brook Area EMS.

Parent/Guardian Signature _____ Date: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone (Home): _____ (Work): _____

Official Use

Received by: _____ Date: _____

Approved/Denied by: _____ On: _____

Added to:

ESO: ____

Schedule: ____

Mailing list: ____