

**Name of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Print Name)

## Lancaster EMS – Volunteer Application / Interview Checklist

This checklist must be **complete** at the time of the interview in consideration of the applicant's possible volunteering with Lancaster EMS. Please place a "N/A" in all spaces that do not apply to the position for which you are applying. *Completion of this Checklist does not guarantee an interview or employment offer.*

**Required Items:** (Items needed for application/interview consideration) Applications will not be processed if not submitted or if incomplete.

- \_\_\_\_\_ Lancaster EMS Application (completed online or hard delivered via mail or personally).
- \_\_\_\_\_ Updated Resume and (optional) Cover Letter
- \_\_\_\_\_ Copy of High School Diploma or General Education Development Certificate (GED)
- \_\_\_\_\_ Copy of Trade School or College Diploma(s)
- \_\_\_\_\_ Copy of Current PA Driver's License
- \_\_\_\_\_ Copy of Current PA State Certification(s) appropriate for position applied.
- \_\_\_\_\_ Copy of National Registry Certification (if applicable)
- \_\_\_\_\_ Copy of Healthcare Provider CPR Card
- \_\_\_\_\_ Copy of EVOC Certificate
- \_\_\_\_\_ Copy of Hazardous Materials Operations Certificate (Meeting OSHA 29 CFR 1910.120)

**Optional Items:**

- \_\_\_\_\_ Copy of Current BTLs/PHTLS Certification
- \_\_\_\_\_ Copies of any other Pertinent EMS Certifications

Upon receipt of the required items you may be contacted to schedule an interview and pre-employment competency testing consisting of skills and written examinations relevant to the position in which you are applying.

**If US mailing, please address any written correspondence to:**

**Lancaster EMS  
1829 Lincoln Highway East  
Lancaster, PA 17602  
Attention: Human Resources**

***For Office Use Only:***

**Received Completed Application on:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Data Entered Into System on:** \_\_\_\_\_ **By:** \_\_\_\_\_

**Forwarded to Recruitment Officer on:** \_\_\_\_\_ **By:** \_\_\_\_\_



## Volunteer Application

No questions on this application are asked for the purpose of limiting or excluding any applicant's consideration for volunteering because of race, color, religion, age, sex, national origin, disability, or any other characteristics protected by federal or state laws.

### Personal Information:

\_\_\_\_\_  
Last Name                      First Name                      M.I.                      Maiden Name(s) / Aliases

\_\_\_\_\_  
Current Address                      City                      State                      Zip Code

\_\_\_\_\_  
Social Security Number                      Drivers' License Number/State                      E-mail Address

\_\_\_\_\_  
Primary Phone Number                      Secondary Phone Number

### Requesting to Volunteer on: *(check all that apply)*

BLS       Wheel Chair Van Attendant       Call-Taker/Dispatcher

Are you 16 years of age or older?    Yes     No

Have you ever been convicted of a felony or criminal misdemeanor?    Yes     No

If 'Yes', please explain: \_\_\_\_\_

*Note: A past conviction does not automatically exclude an applicant from being considered for volunteering.*

Have you ever been employed by Lancaster EMS?    Yes     No

If 'Yes,' provide reason(s) for leaving: \_\_\_\_\_

\_\_\_\_\_

## Volunteer Services History:

Please list any additional emergency services agencies with which you have been affiliated. This should include volunteer and paid/career positions not listed on the previous page. Be sure to provide as much detail as possible regarding contact information for these agencies (complete mailing address and phone numbers). Attach additional pages if necessary or use back.

**1.** \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Organization Dates of Affiliation

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Street Address City State Zip Code  
( )

---

Phone Number Name of Contact Person

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Position Held Pay Rate Reason for Leaving

**2.** \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Organization Dates of Affiliation

---

Street Address City State Zip Code  
( )

---

Phone Number Name of Contact Person

---

Position Held Pay Rate Reason for Leaving

**3.** \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Organization Dates of Affiliation

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Street Address City State Zip Code  
( )

---

Phone Number Name of Contact Person

---

Position Held Pay Rate Reason for Leaving

## Professional References:

Please list at least three professional references not related to you. Be sure to provide complete addresses and phone numbers.

1. \_\_\_\_\_  
Name

\_\_\_\_\_

Street Address	City	State	Zip Code
( )			

\_\_\_\_\_

Phone Number

2. \_\_\_\_\_  
Name

\_\_\_\_\_

Street Address	City	State	Zip Code
( )			

\_\_\_\_\_

Phone Number

3. \_\_\_\_\_  
Name

\_\_\_\_\_

Street Address	City	State	Zip Code
( )			

\_\_\_\_\_

Phone Number

Have you ever been discharged, asked to resign, or resigned to avoid discharge from any position? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Current level of certification: ALS \_\_\_ BLS \_\_\_ Certification #: \_\_\_\_\_

Month and year you began to function at your current level: \_\_\_\_\_

With what organization? \_\_\_\_\_



## **Please Read Very Carefully Before Signing**

I, \_\_\_\_\_, certify that all the information provided in this volunteer application is true and complete to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration for volunteering or may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and authorize any person, school, current employer (unless otherwise indicated below), past employer, and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if an offer of volunteering is extended, it will be contingent upon me successfully passing a pre-placement physical examination, including a urine drug screen, to determine my ability to perform the essential functions of the position for which I have applied. I consent to the release of any or all medical information as may be deemed necessary to make this judgment. I understand that I must complete all required prerequisites; including a pre-hire written and clinical exam before being offered a volunteer position with Lancaster EMS.

I further understand that any offer of employment will also be contingent upon the results of a Pennsylvania State Police Criminal Background Check, a Child Abuse History Clearance and a review of my Motor Vehicle Record (separate forms will be utilized to obtain consent for these requests).

My signature attests that I have read, understand, and agree to each of the above statements and conditions.

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Signature of Applicant

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Date Signed

May we contact your current employer? Yes \_\_\_ No \_\_\_ I am not currently employed \_\_\_