



Levittown-Fairless Hills Rescue Squad, Inc.

7405 New Falls Road - Levittown, PA 19055-1008 - (215) 547-2822

Please visit our website on the Internet at www.lfhirs.com

Volunteer Application

Thank you for your interest in becoming a volunteer for Levittown Fairless Hills Rescue Squad (LFHRS). Once your application is submitted, LFHRS staff will review your information and contact your references. Once references are completed and upon determining your eligibility, you will be contacted by phone and/or email address to schedule an orientation.

You must be at least 16 years of age in order to volunteer for the Levittown-Fairless Hills Rescue Squad. Those applying for volunteer status that are at least 16 years of age, but are under 18 years of age must meet the minimum requirements as set forth in the Pennsylvania Child Labor Law. These requirements are as follows:

- The applicant must be at least 16 years of age;
- Valid working papers must be obtained.

To be a riding volunteer, you must also have:

- Successfully completed an Advanced First Aid course (or equivalent);
- Successfully completed a Basic Cardiac Life Support course (CPR.)

Please note: All sections of the application need to be completed. Any missing information can cause a delay in the processing of your application. Feel free to call 215-547-2822 x 121 or email lfhirs@lfhirs.com with questions about the application or approval process.

Thank You for your interest in Levittown-Fairless Rescue Squad.
You will be hearing from us in the very near future.

Levittown-Fairless Hills Rescue Squad, Inc.

DATE

Volunteer Application

THIS APPLICATION WILL BE KEPT ON FILE FOR A PERIOD OF NOT GREATER THAN SIX MONTHS OF THE DATE SUBMITTED.

LFHRS is an equal opportunity employer. We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, genetic information or any other factor protected by law.

SECTION 1- PERSONAL INFORMATION					
LAST NAME		FIRST NAME		MI	SOCIAL SECURITY NUMBER
ADDRESS					
CITY			STATE	ZIP CODE	
HOME TELEPHONE NUMBER			CELL PHONE NUMBER		
VALID DRIVER'S LICENSE Yes No		WORK PHONE NUMBER		EMAIL ADDRESS	
<p>Are you at least 18 years of age? Yes No You must be at least 16 years old to volunteer with LFHRS.</p>					
SECTION 2- REFERENCES					
(Please list at least three references – Do not include current or former LFHRS members or relatives)					
NAME				TELEPHONE NUMBER	
NAME				TELEPHONE NUMBER	
NAME				TELEPHONE NUMBER	
SECTION 3-CERTIFICATIONS					
Type	Cert Number	Expires	Type	Cert Number	Expires
AFA	N/A		ACLS	N/A	
FR	N/A		PALS	N/A	
EMT	N/A		BTLS	N/A	
EMT-P	N/A		PHTLS	N/A	
HP	N/A		EVOC	N/A	
CPR	N/A		HAZMAT	N/A	
FF	N/A		HEP-B	N/A	
I.C.S	N/A		OTHER:	N/A	
Please attach a copy of all certifications, driver's license, and any other pertinent documents. If the documents are not available to be attached at the time of submission of the application, please forward them to our Administrative Manager at your earliest convenience.					

SECTION 4- GENERAL INFORMATION

REFERRED BY:	DO YOU HAVE ANY FRIENDS OR RELATIVES THAT ARE CURRENTLY WORKING OR VOLUNTEERING FOR LFHRS?	Yes No
IF SO, WHO?		
PLEASE EXPLAIN WHY YOU WANT TO BECOME A VOLUNTEER WITH LFHRS:		

SECTION 5- EMERGENCY SERVICES EXPERIENCE

DRIVING: Are you currently an emergency driver at any other emergency service(s)? Yes No
IF YES, WHERE?
PARAMEDICS: Do you have Bucks County command status? Yes No If Yes, when was it obtained? _____
Do you have Command Status in any other region? Yes No
IF YES, WHERE AND WHEN WAS IT OBTAINED?
WHO WERE YOUR PRECEPTORS? - 1
2

LIST MEMBERSHIPS WITH ANY OTHER EMERGENCY SERVICES THAT YOU BELONG: (AMBULANCE, FIRE DEPT, POLICE DEPT, ETC.) N/A	
AFFILIATE- 1	TELEPHONE NUMBER
AFFILIATE- 2	TELEPHONE NUMBER
AFFILIATE- 3	TELEPHONE NUMBER
AFFILIATE- 4	TELEPHONE NUMBER

SECTION 6- VOLUNTEERING INFORMATION

Present Availabilities:	Monday _____	Friday _____
(Times)	Tuesday _____	Saturday _____
	Wednesday _____	Sunday _____
	Thursday _____	

Please note that if your availabilities listed above are subject to change in the near future (i.e. new semester starting, other responsibilities, new job); please make a note of it. _

LIST MEMBERSHIPS IN ANY OTHER ORGANIZATIONS THAT YOU VOLUNTEER: (CLUBS, ASSOCIATIONS, ETC.)	
N/A	
(You may exclude those positions with organizations whose name would indicate race, color, religion, gender, national origin, disability, age or other protected status).	
NAME OF ORGANIZATION/ASSOCIATION-1	TELEPHONE NUMBER
NAME OF ORGANIZATION/ASSOCIATION- 2	TELEPHONE NUMBER
NAME OF ORGANIZATION/ASSOCIATION- 3	TELEPHONE NUMBER

SECTION 7- BACKGROUND CLEARANCES

Has your driver’s license ever been suspended or revoked? (If yes, please explain in detail): _____

Have you ever been convicted of any crime (including misdemeanor or felony) and/or for any motor vehicle violations in Pennsylvania or any other state? (If yes, please explain in detail): _____

The Squad will conduct reference, educational, and other checks on all applicants. In addition, all applicants for volunteer status, ages 18 and over must provide the Squad with four (4) specific background clearances once an offer of volunteer status has been made.

The Squad requires the following background clearances:

1. The Pennsylvania State Police Criminal Record Check;
2. The Pennsylvania Child Abuse History Clearance;
3. The Federal Bureau of Investigation Criminal Background Check; and
4. The Pennsylvania Driving Record Check.

The applicant must provide the Squad with satisfactory clearances prior to any service as a volunteer.

I understand that any falsification of any information automatically voids my application. I hereby give Levittown-Fairless Hills Rescue Squad and their employees, representatives or agents, and the local police department(s) permission to investigate my criminal and other background and obtain any information deemed to be necessary for the completion of this application.

SIGNATURE OF APPLICANT

DATE

SECTION 9- DRUG AND ALCOHOL TESTING CONSENT FORM

EXHIBIT A

Levittown-Fairless Hills Rescue Squad's Drug and Alcohol Policy (“the Policy”) requires that all applicants, as a condition of employment or other status, be tested for the presence of alcohol or illegal drugs. Levittown-Fairless Hills Rescue Squad will not hire or approve any applicant whose test indicates use of illegal drugs or the presence of alcohol. If you wish to be considered for employment or other status, **CAREFULLY** read the attached Drug and Alcohol Policy and sign the following consent form and release.

I HAVE READ AND UNDERSTOOD THE LEVITTOWN-FAIRLESS HILLS RESCUE SQUAD DRUG AND ALCOHOL POLICY AND THIS TESTING CONSENT FORM. I ACCEPT LEVITTOWN-FAIRLESS HILLS RESCUE SQUAD’S CONDITIONS FOR CONSIDERATION FOR EMPLOYMENT OR OTHER STATUS, AND I AGREE TO BE TESTED FOR THE PRESENCE OF ALCOHOL OR ILLEGAL DRUGS. I AUTHORIZE THE TESTING AGENCY TO PROVIDE THE TEST RESULT TO LEVITTOWN-FAIRLESS HILLS RESCUE SQUAD. I ACKNOWLEDGE THAT LEVITTOWN-FAIRLESS HILLS RESCUE SQUAD IS NOT REQUIRED TO PROVIDE THE TEST RESULT TO ME UNLESS I SO REQUEST WITHIN 30 DAYS AFTER I AM NOTIFIED OF THE DISPOSITION OF MY APPLICATION. I ALSO ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD LEVITTOWN-FAIRLESS HILLS RESCUE SQUAD'S DRUG AND ALCOHOL POLICY PRIOR TO SIGNING THIS CONSENT FORM. I HEREBY RELEASE AND FOREVER DISCHARGE LEVITTOWN-FAIRLESS HILLS RESCUE SQUAD AND ITS AFFILIATES, BOARD MEMBERS, EMPLOYEES, REPRESENTATIVES AND/OR AGENTS FROM ANY CLAIM, LIABILITY OR OBLIGATION RELATED TO THE APPLICATION OF THIS POLICY, TESTING FOR ALCOHOL OR ILLEGAL DRUGS, USE OF INFORMATION FROM THE TESTS OR RELEASE OF SUCH INFORMATION.

Name of Applicant (Please Print)

Signature of Applicant

Date

Signature of Parent/Guardian
(if applicant is under 18 years of age)

Date

***** DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY *****

ACTIVITY	DATE	COMMENTS
Application received		
References contacted		
Interviewed		
Clearances received		
Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No		
Orientation		
MISCELLANEOUS INFORMATION & COMMENTS		
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