



Central Bucks Emergency Medical Services

455 East St, Doylestown, Pa 18901 · 215-348-8380

Volunteering with Central Bucks EMS

1. Please fill out this application as completely as possible. Any specific questions that you may have can be asked when you return this application.
2. CBEMS requires the following four steps to be completed in order to obtain Child Abuse Background check and a Criminal History Record check:

PA Child Abuse Clearance

Go online and follow the instructions

<https://www.compass.statepa.us/CWIS>

Once you complete this you will get a certificate. Print out the certificate and include it with your application.

PA State Police Criminal History Check

Go online and follow the instructions. There is a cost for this.

<https://epatch.state.pa.us/NewRecordCheckAction.do?action-new>

Once you complete this you will get a certificate. Print out the certificate and include it with your application.

University of Pittsburg Recognizing and Reporting Child Abuse Online Class.

Go online and follow the instructions. There is no charge for taking this class.

www.reportabusepa.pitt.edu

At the top go to registration. This is a free information tutorial on mandatory child abuse reporting. Once you complete this you will get a certificate. Print out the certificate and include it with your application.

FBI Fingerprint Check

Steps to complete your fingerprint check:

- Register to be fingerprinted by going to <https://uenroll.identogo.com/>
- Where it says "enter code" type in: 1KG756
- Click on "Schedule or Manage Appointment"
- Enter in all of the required information.
- The cost is \$25.75 for the fingerprint check, put in your payment info when asked.
- Print out your registration. This is what you will need to take with you in order to be fingerprinted.



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If you choose to have your fingerprints taken at the Bucks County Intermediate Unit located at 705 North Shady Retreat Road in Doylestown, you can make a reservation online at <http://www.bucksiu.org/> Page/209. Your results will be mailed to you and this may take several weeks.

All four of these documents must be included with your application when you turn it in.

3. Please include any applicable certifications of your training with this application including a copy of both sides of your current CPR card and a separate copy of your current Driver's License.
4. Once your application has been received and reviewed, you will be contacted to schedule an interview.
5. After your interview, an orientation meeting will be scheduled. After the orientation, a Blood Borne Pathogen class will be scheduled.
6. Once accepted into the membership of Central Bucks EMS, you will serve a probationary period of no less than six (6) months. Once your probationary period is completed, there will be a review to accept you into the membership, extend your probationary period or deny membership.
7. Central Bucks EMS will furnish you with a uniform consisting of: (1) navy blue polo shirt (if you are a current EMT or Paramedic). You must wear navy blue or black work pants and sturdy black work boots with your uniform. Sneakers are not permissible. Any equipment issued to you including uniforms, MUST be returned if you leave the organization or you will be billed for the items issued.
8. You are expected to follow all rules, regulations and S.O.P's of the organization. Any infraction may result in dismissal from the organization.
9. Prior to riding on any ambulance, you must schedule a PPD test (Central Bucks EMS will provide you with the test at no cost to you) and provide a copy of the results to the Infection Control Officer. You will also need to bring proof of a Hepatitis B vaccination. If you have not had the Hepatitis B series, Central Bucks EMS will provide it for you at no cost. If you do not wish to have the series, you may sign a declination form. The Infection Control Officer will meet with you during your orientation time to help you schedule your PPD and Hepatitis B series.



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Application to Volunteer with CBEMS

Last Name _____ First _____ MI _____

Address _____

City _____ State _____ Zip _____

Phone Contact Numbers:

Home _____

Cell _____

Work _____

Email Address _____

Date of Birth _____

Social Security Number ____ - ____ - ____

Driver's License Number ____ - ____ - ____ State _____

If other than PA _____

Is there any specific day/time that you would be most convenient for you to volunteer time, what would it be? _____

***The above time will be considered however, you may be placed into a different time frame to allow you to obtain the best experience/training available, also to allow for time for all volunteers.**



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Emergency Contact Information

Person to Notify in Case of Emergency

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Relationship: _____

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Relationship: _____

Preferred Hospital: _____

Insurance Information:

Company: _____ **Policy #** _____



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Volunteer Application Questionnaire

1. Are there any limitations that could impede your ability to participate in the Emergency Medical Services? YES or NO

If yes, please explain: _____

2. From a standing position, what is the maximum amount of weight that you can lift from the waist level and below? _____ Lbs.

3. Are you currently on any type of medication? YES or NO

If yes, please list here: _____

4. Are you currently under the care of a physician? YES or NO

5. Do you know anyone who is an employee or volunteer with Central Bucks EMS?

YES or NO If yes, whom? _____

5. Have you had any motor vehicle (moving) violations in the last five (5) years?

If yes, please list: _____

6. Have you ever been convicted of a felony/crime? YES or NO

If yes, please explain: _____

7. Please provide a brief description of your reason for applying for membership.



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References

- ✓ **Must be someone age 21 or older.**
- ✓ **Must not be a relative**
- ✓ **Must have known you for 3 or more years**
- ✓ **Must not be a current employee/volunteer with Central Bucks EMS**
- ✓ **You must turn in a letter of reference from each of your references at the time that your application is returned**

Name: _____

Address: _____

Phone: _____

Years Known: _____

Name: _____

Address: _____

Phone: _____

Years Known: _____

Name: _____

Address: _____

Phone: _____

Years Known: _____



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Please read and sign the following statement:

I, _____, understand the information on this application will be investigated and verified. I give consent to the said investigation by the officials and/or representatives of Central Bucks EMS. By my signature below, I certify that the information contained in my application is true and correct to the best of my ability. I am aware that falsification by me, of this information can result in revocation of my application for membership or expulsion, if I am accepted to the unit.

I agree to abide by the By-Laws, Standard Operating Policies, House Rules and any other regulations set forth by the unit. I understand that non-compliance may result in disciplinary action.

Applicant's Signature: _____ Date: _____

Junior Applicant:

Parental Consent is required if the applicant is under 18 years of age.

I/We, the parents/guardians of, _____ hereby give our consent that the above named applicant may participate in activities of the unit, including but not limited to, responses to calls for emergency assistance, stand-bys, fundraising activities, training classes, etc.

Parent/Guardian Signature: _____ Date: _____