

Thank you for your interest in joining our team!

Below you will find our application. Once completed, you may mail the application **with a copy of all certifications** to:

S.T.C.A.S.
Attn: Chief – Walt Lipinski
2 Medic Street
Herminie, PA 15637

You may also make arrangements to deliver the application **with a copy of all certifications** in person to:
Walt Lipinski, Greg Gorscak or John Coffey
Their contact information is listed below.

If you have any questions about the application, feel free to contact any of the above listed staff.

Walt Lipinski	chief@stems521.com
John Coffey II	coffey@stems521.com
Greg Gorscak	president@stems521.com

The station phone number is (724) 446-7951

Sewickley Township Community Ambulance Service **Application for Volunteer Membership**

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion or national origin.

Name: _____ , _____ , _____
(Last) (First) (M.I.)

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Pager: _____ Other: _____

Social Security # _____ - _____ - _____ License # _____ - _____ - _____ State: _____

<i>General Education</i>	<i>Name and City of School</i>	<i>Years Attended</i>	<i>Degree(s) Obtained</i>	
High School				
College				
<i>EMS Education</i>	<i>Cert #</i>	<i>Date Issued</i>	<i>Expiration Date</i>	<i>Location of Class</i>
EVOC			N / A	
CPR				
EMT				
EMT-P			N / A	
PHTLS-BTLS				
ACLS				
PALS				

** All applicants must be a minimum of 16 years of age!*

Please list previous volunteer experience, starting with the most recent.

<i>Organization</i>	<i>Dates Involved</i>	<i>Supervisor</i>	<i>Phone #</i>	<i>May we contact?</i>	
				<i>Yes</i>	<i>No</i>
				<i>Yes</i>	<i>No</i>
				<i>Yes</i>	<i>No</i>
				<i>Yes</i>	<i>No</i>
				<i>Yes</i>	<i>No</i>

Physical and General Information

Do you have any existing physical limitations, including but not limited to vision, lifting, range of motion, medical conditions or environmental allergies, which may limit you in the performance of your duties with STCAS? (If yes, please explain in detail.)

Are you legally eligible to work in the United States of America? ____ Yes ____ No

Have you ever been convicted of any unlawful offense, other than a minor traffic violation? ____ Yes ____ No (If yes, please explain in detail.)

References:

List (3) individuals whom you have known for at least (1) year, not related to you that have a definite knowledge of your qualifications and background. Do not use the supervisors listed under previous volunteer experience.

<i>Reference Name</i>	<i>Years Acquainted</i>	<i>Address</i>	<i>Phone Number</i>

Certificate of Applicant

I certify that, to the best of my knowledge and belief that all the information submitted by me on this application truly represent my background and experience, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. I give the following Authorization to Release Information. I hereby authorize my previous supervisors, personal references listed and other persons or institutions shown on my application to provide STCAS any information requested. I further authorize STCAS to conduct a Police and Court Records investigation of my background. In consideration of my membership, I agree to conform to the company's rules and regulations, and I agree that if accepted, membership can be terminated, with or without cause, and with or without notice, at any time, at either my or the organizations option. I also understand and agree that the terms and conditions of my membership may be changed, with or without cause, and with or without notice, at any time by the organization.

Signature of Applicant: _____ Date: ____/____/____

----- ***Do Not Write Below This Line*** -----

Application reviewed by: _____ Date: ____/____/____

Interview conducted by: _____ Date: ____/____/____

Remarks:

Date of Acceptance: ____/____/____ Date of Swearing In: ____/____/____