



Pennsylvania Keystone Search and Rescue

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VOLUNTEER APPLICATION

| | | | |
|---|--------------|----------------------|--|
| Name: | | Date of Application: | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Telephone Number: | Cell Number: | Birthdate: | |
| Social Security Number: (LAST 5 digits) | | | |
| E-Mail Address: | | | |
| Team Position Requested: | | | |

Certifications: (Attach Copies of ALL Certificates)

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|---|
| Certification Level:: <input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> EMT-P <input type="checkbox"/> PHRN <input type="checkbox"/> RN <input type="checkbox"/> MD <input type="checkbox"/> Not Applicable Exp Date: <input type="checkbox"/> Police Officer - MPOTEC Number: |
| Medical Command: <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Medical Command Hospital Name: |
| Additional Certifications: <input type="checkbox"/> ACLS <input type="checkbox"/> PALS <input type="checkbox"/> ABLIS <input type="checkbox"/> ITLS <input type="checkbox"/> PHTLS <input type="checkbox"/> Rescue <input type="checkbox"/> Fire <input type="checkbox"/> Rope Rescue <input type="checkbox"/> Vehicle Rescue <input type="checkbox"/> Wilderness EMS <input type="checkbox"/> IS 100 <input type="checkbox"/> IS200 <input type="checkbox"/> IS 700 <input type="checkbox"/> IS 800 |
| Other Certifications:(Please List)_____ |
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Education:

| | |
|-----------------|---|
| High School: | Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No Year Graduated:_____ |
| Course Studied: | GED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Year Attained: |
| College: | Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No Year Graduated: |
| Course Studied: | Degree Attained: <input type="checkbox"/> AS <input type="checkbox"/> BS <input type="checkbox"/> MS <input type="checkbox"/> PhD |

Current Employment:

| | |
|---------------------|------------------|
| Employer Name: | Start Date: |
| Address: | End Date: |
| Telephone: | Duties Involved: |
| Position Title: | |
| Supervisor: | |
| Reason for leaving: | |

Current/Previous Emergency Service Membership Information:

| | |
|--------------------------|----------------------|
| Department Name/Address: | |
| Position Held: | Duties: |
| Length of Membership: | Contact Name/Number: |

Information for Applicant:

As part of our procedure for processing your volunteer application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently approved for membership, you may be discharged from the organization. You may make a written request for information derived from the checking of your references. If necessary for membership, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for membership.

Internal Use Only:

| | |
|--|---|
| Criminal History Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO | Driver's License/Govt ID Attached (Copy): |
| Childline History Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO | ID Verified by: (Print Name) |
| Recommended By: | Recommended By: |
| Application Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO Date Approved: | |
| Application Rejected: <input type="checkbox"/> YES <input type="checkbox"/> NO Reason Rejected: _____ _____ | |