



Good Fellowship Ambulance & EMS Training Institute

Serving the Community for Over 50 Years

600 Montgomery Avenue • PO Box 361 • West Chester, PA 19381-0361 • (610) 431-3132 • www.goodfellowship.com

ACTIVE MEMBERSHIP APPLICATION

(Please print or type)

Legal Name: _____
Last Name First Name Middle Name

Local Address: _____

Permanent Address: _____

Phone (Local): _____

Phone (Work): _____

Pager/Cell Phone: _____

Social Security Number: _____ Age: _____ Birth Date: _____

Drivers License#: _____ State: _____ Exp. Date: _____

United States Citizen? Yes _____ No _____ If no, visa type _____

E-Mail: _____

CERTIFICATIONS ATTACH COPIES TO THIS APPLICATION

Certificate	Certificate Number	Date Received	Expiration
CPR: AHA/ARC			
EMT			
EVOC			
Other:			

EDUCATION

	School Name	Location	Field of Study	Completion Date
High School				
College				
Other				
Other				

Have you been convicted of a crime other than a traffic violation? No _____ Yes _____
 If yes, please give date and explanation: _____

PROFESSIONAL REFERENCES

Name	Association	Phone Number	OFFICE USE Contacted
1.			
2.			
3.			

Name	Association	Phone Number	OFFICE USE Contacted
1.			
2.			
3.			

FIRE/EMS AFFILIATIONS

I voluntarily give the Good Fellowship Club of Chester County the right to make a thorough investigation of all data supplied on this application; and in connection therewith, authorize any person, association, partnership, or corporation to supply all information and/or documents pertaining to the data supplied in this application. I agree to comply with all Good Fellowship safety and health standards and requirements. I agree to comply with all Good Fellowship By-laws and all regulations and operating procedures. The facts provided on this application are true and correct to the best of my knowledge and I understand that any false answers made on this application will be sufficient grounds for immediate disciplinary procedures or denial of this application.

_____ Applicant Signature

_____ Date

PARENTAL CONSENT FORM
(Required if applicant is under the age of 18)

I, _____, as the parent/guardian of the above applicant,
herby give my permission for _____ to become an active
member of Good Fellowship Ambulance Club of Chester County, Inc.

Parent/Guardian Signature

Date

Working papers are required. For further information contact applicant's school guidance counselor.

EMERGENCY CONTACT

Name: _____ Relationship _____

Phone (Home): _____ (Work): _____

Good Fellowship Club of Chester County Inc. is dedicated to a policy of non-discrimination in membership on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

FOR OFFICE USE ONLY

Criminal Background Check _____	In computer _____	Email _____
Drivers License Check _____	ID card _____	TB _____
Placed in Emma _____	Access card _____	Hep _____
Working Papers _____		