



# LAFAYETTE

## Emergency Medical Services Club Application Packet

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Application Checklist:

- ☐ LCEMS Club Application
- ☐ EES Volunteer Application
- ☐ Driver Approval Form (Optional)
- ☐ Driver Approval Quiz (Optional)
- ☐ Copies of Certification Cards (Optional)
  
- ☐ Clearances
  - ☐ PA Child Abuse Clearance
  - ☐ PA Criminal History Background Check
  - ☐ FBI Fingerprinting
  - ☐ Childline Course

All application materials may be submitted online to [lafems@lafayette.edu](mailto:lafems@lafayette.edu) or at an LCEMS Club meeting as a hard copy. Club Membership may only be granted after the completion of all paperwork.



## LCEMS Club Application for Membership

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Name

Graduation Year

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Campus Box #

L#

Phone #

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Email Address

Highest Certification (N/A, CPR, EMT)

Please explain your reasons for applying to LCEMS Club and what you hope to gain from being a member. Include any personal qualities, talents, and abilities that you can contribute to our club.

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Is there anything else you would like us to know about you (other campus commitments, etc.)?

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Please initial next to each statement:

\_\_\_\_\_ I certify that the information I have given on this application is true, complete, and correct, and that any false information or the omission of information may be grounds for dismissal.

\_\_\_\_\_ I understand that LCEMS Club values integrity and professionalism and expects its members to conduct themselves accordingly, both on and off duty. I understand that LCEMS Club expects its members to disclose any disciplinary issues to the executive board in good faith so that they can be properly addressed and handled.



## LCEMS Club Application for Membership Academic and Disciplinary Disclosure

I give permission for the advisor or liaison of LCEMS Club to request my academic and/or disciplinary record at any point during my membership of the club. This information will be kept private in accordance with FERPA.

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Applicant Signature

Date

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Applicant Printed Name

## Easton Emergency Squad Application to Volunteer

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle Initial

Present Address: \_\_\_\_\_  
Number Street City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact - \_\_\_\_\_  
(Name) (Relationship) (Phone)

Are you currently authorized to work in the United States? \_\_\_\_ Yes \_\_\_\_ No

How many hours can you volunteer weekly or monthly? \_\_\_\_\_

When are you available to start? \_\_\_\_\_

Did you graduate High school or have a GED? \_\_\_\_ Yes \_\_\_\_ No

Do You have a current Valid Driver's License? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been convicted of any type of Traffic Violation? \_\_\_\_ Yes \_\_\_\_ No

If you answered Yes please include an explanation on a separate sheet of paper.

Have you ever been convicted of a misdemeanor or felony crime? \_\_\_\_ Yes \_\_\_\_ No

If you answered Yes please include an explanation on a separate sheet of paper.

Place a check mark next to all certification you presently hold or if none, check box listed as "None".

|  |                           |  |          |
|--|---------------------------|--|----------|
|  | PA Provider Certification |  | NIMS 100 |
|  | CPR                       |  | NIMS 700 |
|  | ACLS                      |  | NONE     |
|  | EMSVO                     |  |          |
|  | PALS                      |  |          |
|  | NREMT                     |  |          |

### Military

Have you ever been in the armed forces? \_\_\_\_ Yes \_\_\_\_ No

Specialty \_\_\_\_\_ Date Entered: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

## Easton Emergency Squad Application to Volunteer

**Work Experience:** Please list your current place of employment.

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of last Supervisor: \_\_\_\_\_ Your last Job Title: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: (be specific): \_\_\_\_\_

**Emergency Medical Service Experience:** Please list any EMS or Fire organizations you are presently or were previously affiliated with. If none, leave this section blank. If more than one, use additional page(s).

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of last Supervisor: \_\_\_\_\_ Your last Title: \_\_\_\_\_

Dates of Volunteering: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: (be specific): \_\_\_\_\_

May we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No

May we contact your present or previous EMS / Fire Agency? \_\_\_\_ Yes \_\_\_\_ No

## Easton Emergency Squad Application to Volunteer

### PLEASE READ CAREFULLY

I hereby authorize the potential EES to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions, EMS / Fire Agencies and references. I also hereby release EES and its representatives from liability for seeking, gathering, and using such information to make decisions pertaining to my membership at EES. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of membership at EES.

If at a later date, I become employed at EES, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time. Employees will receive final pay in accordance with applicable state law.

Prior to becoming a member, the applicant must successfully complete a Drug and Alcohol Screening, a PA State Police Criminal Background Check (criminal history) a Child abuse history clearance from the Department of Human Services along with an FBI fingerprint based criminal history. We may also obtain a consumer credit report. If EES believes its necessary, you may be asked to get a physical exam.

I further understand that my membership with the Easton Emergency Squad shall be probationary for a period of ninety (90) day and that at any time during the probationary period or thereafter, my volunteer relation with the Easton Emergency Squad can terminate at will for any reason by either party.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Thank you for completing this application form and for your interest in the Easton Emergency Squad.

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**Applicant Signature**

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**Printed Name**

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**Date**

## Easton Emergency Squad Application to Volunteer

Date: \_\_\_\_\_

I understand that my membership with the Easton Emergency Squad is entirely dependent on my successful and satisfactory completion of the following:

1. Drug/Alcohol Screening
2. Police Background Check
3. PA DMV Validation

If I fail to pass any of the above for any reason and/or they would prove unacceptable, I would submit my written resignation effective immediately.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

CC. Applicant File

**Physical Capabilities/Essential Functions**

## Easton Emergency Squad Application to Volunteer

- Volunteers must be able to lift, carry, push and or pull and balance up to 125 pounds (250 pounds with assistance)
- Frequent exposure to physically stressful situations
- While performing the duties of this job, the volunteer is regularly required to; stand, walk use hands to finger, handle, or feel objects, equipment or controls; reach with hands and arms; see, talk and or hear.
- The volunteer frequently is required to climb or balance and step, kneel, sit, crouch, or crawl. The volunteer is occasionally required to taste or smell.
- Work environment frequently hectic with exposure to highly emotionally situations. Regular scheduling may involve long shifts or last-minute calls at end of your shift.
- The work environment characteristics described here are representative of those an person encounters while performing the essential functions of this job.
- While performing the duties of this job, the volunteer frequently works in outside weather conditions and is exposed to vibration.
- The volunteer occasionally works near moving mechanical parts and in high precarious places, and is occasionally exposed to wet and or humid conditions, fumes or airborne particles, toxic or caustic chemicals, extremer cold, extreme heat and risk of electrical shock, blood and body fluids and associated pathogens.
- The noise level in the work environment is usually moderate, but may be high at times due to vehicle, highway and mechanical equipment noise.

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you are volunteering, with or without a reasonable accommodation. \_\_\_\_Yes \_\_\_\_No

By signing this form, I agree that I have read and understand the Physical Capabilities of the position. I declare that I have no difficulty in the performance of the Physical Capabilities.

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Signature

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Date

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Print Name



## Easton Emergency Squad Application to Volunteer

### DRIVER'S STATEMENT

I, \_\_\_\_\_, member of and driver for the Easton Emergency  
(Print Name)

Emergency Squad, do hereby agree to the following rules and regulations set forth by the Easton Emergency Squad for my safety and the safety of those whom I drive for and transport.

- 1) Must be at least 19 years of age.
- 2) Must hold a valid driver's license.
- 3) Must comply with all traffic laws set forth by local and state governments.
- 4) No member addicted to any type of drug will operate an Easton Emergency Squad vehicle.
- 5) No member will operate an Easton Emergency Squad vehicle while under the influence of alcohol or controlled substance.
- 6) Must be free from any physical or mental defect or disease that may impair his/her ability to operate an emergency vehicle.
- 7) May not have been convicted within the last four (4) years of driving under the influence of alcohol or controlled substance, and within the last two (2) years, has not been convicted of reckless driving, or had a driver's license suspended under the point system. Members must report such convictions to Easton Emergency Squad management within five (5) days.
- 8) Any driver convicted under paragraph 7 above must successfully complete an emergency vehicle operations course (EVOC).

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Signature of Driver

Date

**Use this space for answers needing explanations for above questions.**

## Easton Emergency Squad Application to Volunteer

[illegible]



## Instructions for Additional Clearances: Lafayette Driver Approval

Lafayette students can be approved to drive college-owned vehicles after meeting the following requirements:

1. Possess a valid driver's license.
2. Have at least one year of driving experience in the United States (Exemptions may be granted by Lafayette Public Safety).
3. Complete and submit a Driver Approval Request Form (<https://publicsafety.lafayette.edu/wp-content/uploads/sites/86/2017/05/2017.23.05-Driver-Approval-Req-Form.pdf>)
  - a. Submit a hard copy at a LCEMS Club meeting
4. Complete the Student Driver Quiz ([https://lafayetteec.az1.qualtrics.com/jfe/form/SV\\_8B6KLRQala2bcBT?Q\\_JFE=qdg](https://lafayetteec.az1.qualtrics.com/jfe/form/SV_8B6KLRQala2bcBT?Q_JFE=qdg))

## Instructions for Additional Clearances: Certification Submission

If applicable, submit your EMT, EMR, and/or CPR certifications.

1. Scan/Copy both sides of your certification cards.
2. Type out your certification number and expiration date associated with each certification.
  - a. Example:  
Jane Doe
    - 1) Pennsylvania Emergency Medical Technician  
Certification Number: 1234567  
Expiration Date: 12/31/2025
    - 2) American Heart Association BLS CPR Certification  
Certification Number: 1234567  
Expiration Date: 12/31/2025
3. Submit as a PDF with your other application materials or submit a hard copy at a LCEMS Club meeting.



## Instructions for Additional Clearances: Child Abuse Clearance (Courtesy of Landis Center)

This process takes up to 14 days to complete, so begin this clearance immediately!

1. Visit: <https://www.compass.state.pa.us/cwis/public/home>
2. Click on “**Create Individual Account**”
3. Click **Next**
4. Create your own Keystone ID \***Please remember your username and password so you can get back in!**\*
5. Answer all the questions then click on **Finish**
6. Check your email for the temporary password
7. Log back into: <https://www.compass.state.pa.us/cwis/public/home>
8. Click on **Individual Login**
9. **Access my clearances**
10. Scroll to bottom, click **Continue**
11. Enter the username you created & paste the password from your email
12. Choose security questions to verify your account
13. Answer the Security Questions you just chose, then click next
14. Pick private device or public depending on your situation
15. Change the password (you must remember your NEW password) - then click submit
16. Close Window
17. Enter your username & new password
18. If you are on a public computer - you will have to answer the security questions to verify your account AGAIN
19. Click on “I have read” - then Next
20. Scroll to the bottom - Click Continue
21. Create Clearance Application
22. Scroll down and click on Begin
23. Application Purpose - Volunteer
24. Volunteer Category = Other
25. Agency Name = Lafayette College
26. Scroll down and click Next
27. Add your Gender
28. Social Security Question = NO
29. Nicknames = NO
30. Click on Next
31. Enter your address
32. Mailing Address Question = YES
33. Certificate Delivery Method Question = NO
34. Next
35. Enter any previous addresses - then click next



36. Add your household members (***you must enter a parent/guardian***) - then click next
37. Scroll to bottom and click next
38. eSignature = ***No*** - Then check the box, sign your name in the signature, click Next
39. Application Payment = ***NO***
40. Click Next
41. ***This clearance takes between 1-14 days to process***
42. You will receive an email that your application has been updated with results
43. When you receive the email, where there is a hyperlink "Please Click Here" - Click on that
44. Individual Log in
45. Access my Clearances
46. Scroll down - Click Continue
47. Enter your Username & Password
48. Scroll down to e-Clearance ID (Green Bar) to view the results, Click Here
49. Open, then click OK
50. Print Certificate
51. NOTE: Please save this certificate for yourself as a PDF somewhere on your computer so you have it in the future.

## Instructions for Additional Clearances: PA Criminal History Background Check (Courtesy of Landis Center)

1. Visit: <https://epatch.pa.gov/home>
2. Click on "New record check - volunteers only"
3. Accept the statement at the bottom
4. Volunteer Organization Name is Lafayette College
5. Insert the following: then click NEXT
  - a. First Name
  - b. Last Name
  - c. Address
  - d. City
  - e. State
  - f. Zip
  - g. Phone Number
6. Click on ***Proceed***
7. Enter First Name, Last Name, and DOB only
8. Click on ***Enter this Request*** \*THE SAME SCREEN WILL COME UP\*
9. Enter First Name, Last Name, and DOB only
10. This time click on ***FINISHED***



11. Submit
12. Click on the **Control #**
  - a. \*Note: Should you ever need to get this certificate out of the system in the future you will need to know the date of the request and the control number.\*
13. Click on **Certification Form**
14. Click **OK**
15. Now print your certificate and/or save as PDF
  - a. NOTE: Please save this certificate for yourself as a PDF somewhere on your computer so you have it in the future.

## Instructions for Additional Clearances: Fingerprinting (Federal Criminal History Check)

There are two options for fingerprinting: Through Lafayette Public Safety (Option 1) or through Lafayette Landis Center (Option 2)

### Option 1: Public Safety

1. Make an appointment to be fingerprinted by contacting Sandra Rogers at (610) 330-5604 or [rogerssa@lafayette.edu](mailto:rogerssa@lafayette.edu)
2. Arrive for your appointment with at least one government issued form of identification, such as a driver's license or passport and your Lafayette ID.
3. Once you have obtained your fingerprint card, please follow these instructions to complete your clearance:  
<https://www.fbi.gov/how-we-can-help-you/more-fbi-services-and-information/identity-history-summary-checks>
  - a. Visit <https://www.edo.cjis.gov/#/>
  - b. Complete the Applicant Information Form
  - c. Select your preferences
  - d. Submit your fingerprints to:  
FBI CJIS Division  
ATTN: ELECTRONIC SUMMARY REQUEST  
1000 Custer Hollow Road  
Clarksburg, WV 26306
  - e. Submit payment
  - f. Review and confirm your request
  - g. Check request status
  - h. Receive your results \*If receiving hard copy, scan and save a copy for yourself, if receiving electronic copy, save as a PDF to your device, then submit via email to [lafems@lafayette.edu](mailto:lafems@lafayette.edu) or at LCEMS Club meeting\*



### Option 2: Landis Center

You must follow the below instructions to **pre-register** with IdentoGo *before* making an appointment to be fingerprinted: <https://uenroll.identogo.com/>

1. Enter Service Code **IKG6ZJ** (DHS Volunteer) then click on GO
2. Choose: **Schedule or Manage Appointment**
3. Complete all the required information \*IMPORTANT- enter your legal name exactly as it is on the identifying document (i.e. driver's license, passport) you will bring with you to be fingerprinted\*
4. Complete the information in the **EMPLOYER** section as follows:  
Lafayette College  
17 Cattell Street  
Easton, PA 18042
5. Answer Citizenship Questions
6. Answer Personal Questions; Answer NO to Authorization Code for Payment
7. Answer Personal Info and Address
  - a. Mailing address is your Campus PO Box
8. **Documents:** Select the Identifying Document you will bring with you to your finger appointment
9. **Location:** Type SP-Lafayette and click Search
  - a. This location should pop up: IdentoGo Easton, 18042-7640
10. Click **Next**
11. Check "Walk-In" (IMPORTANT: We do **not** take walk-ins for fingerprinting; this is just for registration purposes)
12. Click Submit
13. You **MUST** print this form out and bring it to your sign up genius appointment with Becky Kaine, along with your government issued ID.
14. Sign up genius links for fingerprinting appointments can be found here:  
<https://landiscenter.lafayette.edu/clearances/>

## Instructions for Additional Clearances: Childline (Mandated Reporter/Child Abuse Course)

1. Visit <https://www.hr.pitt.edu/clearances-training/training>
2. Under "Child Protection Training" Click on the hyperlink "online program" in blue in the first paragraph.
3. Click on "Registration" at the top of the screen, create an account, and follow the prompts for the class. \*Class is 3 hours long and provides Con Ed credits for EMTs\*
4. Save your certificate of completion as a PDF. Submit it via email to [lafems@lafayette.edu](mailto:lafems@lafayette.edu) with your other application material or print it and submit it as a hard copy at a LCEMS Club meeting.