



WARWICK COMMUNITY AMBULANCE ASSOCIATION, INC.

151 North Lane PO Box 42 Lititz, PA 17543

Tel: 717-627-0143 Fax: 717-627-0728

Email: warwickambulance@dejazzd.com

Volunteer Application

PERSONAL INFORMATION

Name: _____ Date: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Other Phone: _____

Drivers License Number _____ State _____ Restrictions: _____

How did you find out about Warwick Ambulance? _____

Employer: _____ Occupation: _____

Employer Address: _____

Work Phone Number _____ May we Contact your Employer? YES NO

PROFESSIONAL INFORMATION

List All EMS and Related Training & Experience: _____

When are you available to Volunteer? _____

List other organizations you belong to: _____

REFERENCES

1. Name _____ Telephone Number: _____

2. Name _____ Telephone Number: _____

3. Name _____ Telephone Number: _____

I authorize Warwick Ambulance to check my driving record with the PA Department of Transportation. In addition, all volunteers must know, understand, and abide by the rules and regulations of Warwick Community Ambulance Association. I certify that the information I have given on this application is true, complete and correct, and I understand that any false information, or the omission of information may be considered as sufficient reason for my inability to volunteer.

I have read & understand the information presented above:

Applicant's Signature: _____ Date: _____

Printed Name: _____

**WARWICK COMMUNITY AMBULANCE ASSOCIATION
CRIMINAL BACKGROUND CHECK
CONSENT AND RELEASE**

In order to comply with current regulations for service providers to nursing homes, WCAA will now require criminal background checks on all employees and volunteers. This check will be done by Pennsylvania State Police. To be eligible for paid or non-paid service at Warwick Community Ambulance your report must not reveal any convictions regarding criminal behavior.

Anyone who has had the criminal background check done by another ambulance association, a hospital or nursing home within the last year will not require a new check, but must provide a copy of the original. If you can provide a copy, complete section A.

A. Signature _____ Date _____
 Print Name _____ SSN _____

Submit copy of background check within 60 days.

If you require a new criminal background check, complete section B.

B.

I confirm that I have not been convicted of any criminal misconduct. I understand that my service with Warwick Community Ambulance will be terminated immediately if my criminal report from the Pennsylvania State Police shows any criminal convictions.

Signature _____ Date _____
Print Name _____ SSN _____
Date of Birth _____



REQUEST FOR DRIVER INFORMATION

The most current version of this form can be found at www.dmv.state.pa.us

DO NOT SEND CASH

PRINT OR TYPE ALL INFORMATION LEGIBLY

SEE REVERSE FOR INSTRUCTIONS / INFORMATION

CHECK (✓) ONE ONLY:

BASIC INFORMATION: **\$5.00 FEE** (Driver history is **not** included)

3 YEAR DRIVER RECORD: **\$5.00 FEE**

10 YEAR DRIVER RECORD: **\$5.00 FEE** (Employment Purposes Only)

CERTIFIED DRIVER RECORD: **\$10.00 FEE**

COPY OF DOCUMENT FROM FILE (MICROFILM): **\$5.00 FEE**

CERTIFIED COPY OF DOCUMENT FROM FILE: **\$10.00 FEE**

You may obtain a copy of your own 3 Year and/or 10 Year Driving Record on PennDOT'S Web site at www.dmv.state.pa.us

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MESSANGER NO.

INSTRUCTIONS

1. **To request your own record**, complete Sections A & C only. Notarization is NOT required.
2. **To request a record other than your own**, complete Sections A, C, and D. Section E must contain the driver's signature if Block **B, E or L is checked in Section D. If the Requester is obtaining the information on behalf of someone else, Section B must also be completed.**
3. **PRINT OR TYPE** all requested information on the front of the form. Submitting **ONLY** a name and address does not provide enough information for a proper search of the driver files.
4. A non-refundable fee is required for each request. If the Bureau has no record for the information requested or the data supplied is insufficient, the fee will be applied to the cost of the search.
5. **If requesting a microfilm copy of a document**, also complete Section F. You must be specific in providing the type and date of the document. If there are several citations on the record, the cost is \$5.00 per citation. You need to provide the date of the violation/action to clearly identify the citation(s) requested.
6. Check the type of record requested at the top of the form and make check or money order payable to "Commonwealth of Pennsylvania." **DO NOT SEND CASH.** Attach your check or money order and send to:

For overnight and other special mail:

BUREAU OF DRIVER LICENSING
 DRIVER RECORD SERVICES
 P.O. BOX 68695
 HARRISBURG, PA 17106-8695

BUREAU OF DRIVER LICENSING
 DRIVER RECORD SERVICES
 1101 SOUTH FRONT STREET 3RD FLOOR
 HARRISBURG PA 17104-2516

DESCRIPTION OF INFORMATION AVAILABLE

BASIC INFORMATION..... Includes name, address, driver number, date of birth and class of license.
 (\$5.00 fee)

3 YEAR RECORD*..... Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 3 years from the date request is processed. **You can obtain a copy of your own record on PennDOT's Web site at www.dmv.state.pa.us**
 (\$5.00 fee)

10 YEAR RECORD*..... Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 10 years from the date request is processed. A 10-year record is for employment purposes only. **You can obtain a copy of your own record on PennDOT's Web site at www.dmv.state.pa.us**
 (\$5.00 fee)

CERTIFIED RECORD..... Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the **complete** history of the driver on file in Pennsylvania.
 (\$10.00 fee)

MICROFILM

DOCUMENT Copies of documents retained by the Department are available for purchase from the microfilm file. You must be specific as to the type of document and the date of the violation/action.
 (\$5.00 fee)

CERTIFIED COPY

OF DOCUMENT Copies of documents from the microfilm file that have been certified by the Department.
 (\$10.00 fee)

IMPORTANT INFORMATION CONCERNING THE USE OF DRIVER INFORMATION

- Driver record information is confidential and restricted information and the Requestor/End User is responsible for establishing procedures to protect the confidentiality of these records.
- Driver record information can only be used for the purpose stated in Section D.
- Driver record information cannot be sold, assigned, or otherwise transferred to any party, other than the End User.
- PennDOT retains exclusive ownership of all driver record information and the Requestor/End User shall not combine and/or link in with any other data on any database except as may be required by law.
- The driver record information cannot be used for direct mail advertising or any other type or types of mail or mailings.
- The driver record information cannot be disseminated or published on the Internet without the express written permission of PennDOT.
- PennDOT reserves the right to audit each request for driver record information. If the Requestor/End User is found to have requested driver record information for an unauthorized purpose, access to Pennsylvania driver record information will be terminated.

* Businesses who obtain driver records for the purpose of employment or insurance are now able to obtain and print these records, in real time, through our enhanced Online Services.

If you are an employer or insurance company/agent and are interested in becoming an authorized Online business user, please visit our Web site at www.dmv.state.pa.us and click on "Online Business Services" for more information.