

# Berkeley County Emergency Ambulance Authority

## Volunteer Auxiliary

400 West Stephen Street, Suite 207

Martinsburg, WV 25401

### VOLUNTEER APPLICATION

(PLEASE PRINT)

POSITION APPLIED FOR:	DATE OF APPLICATION			
HOW DID YOU LEARN ABOUT US?				
<input type="checkbox"/> ADVERTISING	<input type="checkbox"/> FRIEND	<input type="checkbox"/> VOLUNTEER		
<input type="checkbox"/> RELATIVE	<input type="checkbox"/> WALK-IN	<input type="checkbox"/> OTHER _____		
LAST NAME	FIRST NAME		MIDDLE NAME	
NO.	STREET	CITY	STATE	ZIPCODE
TELEPHONE NUMBER(S)			SOCIAL SECURITY NUMBER	

Email address: \_\_\_\_\_

Have you ever filed an application with us before?  yes  no

If Yes, give date \_\_\_\_\_

Have you ever been a volunteer with us before?  yes  no

If Yes, give date \_\_\_\_\_

Are you currently a volunteer with any other department?  yes  no

If yes, please provide contact information of those departments.

\_\_\_\_\_

May we contact your present employer?  yes  no

Are you prevented from lawfully becoming employed in this county because of Visa or Immigration Status?  yes  no

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available to volunteer? \_\_\_\_\_

Are you currently on "lay-off status and subject to recall?  yes  no

Have you ever been convicted to a felony?  yes  no

If Yes, explain \_\_\_\_\_

**EMPLOYMENT/VOLUNTEER HISTORY: Beginning with present employment/volunteer department. Please fill in all sections completely.**

NAME OF _____ MAILING ADDRESS _____ TYPE OF BUSINESS _____ LAST POSITION HELD _____ NAME OF SUPERVISOR/TELEPHONE NUMBER _____ DESCRIBE THE WORK YOU DID _____ _____ REASON FOR LEAVING _____	EMPLOYED/VOLUNTEER FROM _____ TO _____  PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>
---	--

NAME OF _____ MAILING ADDRESS _____ TYPE OF BUSINESS _____ LAST POSITION HELD _____ NAME OF SUPERVISOR/TELEPHONE NUMBER _____ DESCRIBE THE WORK YOU DID _____ _____ REASON FOR LEAVING _____	EMPLOYED/VOLUNTEER FROM _____ TO _____  PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>
---	--

NAME OF _____ MAILING ADDRESS _____ TYPE OF BUSINESS _____ LAST POSITION HELD _____ NAME OF SUPERVISOR/TELEPHONE NUMBER _____ DESCRIBE THE WORK YOU DID _____ _____ REASON FOR LEAVING _____	EMPLOYED/VOLUNTEER FROM _____ TO _____  PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>
---	--

NAME OF _____ MAILING ADDRESS _____ TYPE OF BUSINESS _____ LAST POSITION HELD _____ NAME OF SUPERVISOR/TELEPHONE NUMBER _____ DESCRIBE THE WORK YOU DID _____ _____ REASON FOR LEAVING _____	EMPLOYED/VOLUNTEER FROM _____ TO _____  PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>
---	--

**IF MORE SPACE IS NEEDED USE ADDITIONAL SHEETS**

# Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
<b>Elementary School &amp; Intermediate School</b>				
<b>Middle School &amp; High School</b>				
<b>Undergraduate</b>				
<b>Graduate Professional</b>				
<b>Other (Specify)</b>				

<b>Indicate any foreign languages you can speak, read, and/or write.</b>			
	<b>FLUENT</b>	<b>GOOD</b>	<b>FAIR</b>
<b>SPEAK</b>			
<b>READ</b>			
<b>WRITE</b>			

<p><b>Describe any specialized training, apprenticeship, skills, and extra-curricular activities.</b></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
---

**Berkeley County Emergency Ambulance Authority  
Volunteer Auxiliary**

**ADDITIONAL INFORMATION**

**Other Qualifications:**

Summarize special job related skills and qualifications acquired from employment or other experience.

---

---

---

**SPECIALIZED SKILLS**

PC       FAX       CALCULATOR       TYPEWRITER

COMPUTER PROGRAMS: (PLEASE LIST) \_\_\_\_\_

---

---

OTHER \_\_\_\_\_

---

---

State any additional information you feel may be helpful to us in considering your applications.  
*Note to Applicants:* DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

---

---

---

Are you capable of performing in a reasonable manner, with or without a reasonable, accommodation, the activities involved in the job or occupation for which you have applied?

yes       no (please explain)

---

**REFERENCES**

_____ NAME	_____ PHONE		
_____ ADDRESS	_____ CITY	_____ STATE	_____ ZIP

_____ NAME	_____ PHONE		
_____ ADDRESS	_____ CITY	_____ STATE	_____ ZIP

_____ NAME	_____ PHONE		
_____ ADDRESS	_____ CITY	_____ STATE	_____ ZIP

# APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for the Volunteer Auxiliary as may be necessary in arriving at a decision to accept.

This application for the Volunteer Auxiliary shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for the Volunteer Auxiliary beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any relationship with this organization is on an "at will" nature, which means that the volunteer may resign at any time and the Berkeley County Emergency Ambulance Authority may discharge the volunteer at any time with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or by conduct unless change is specifically acknowledged in writing by the BCEAA BOD.

In the event of acceptance into the Volunteer Auxiliary, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules of the organization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview     yes         no

Remarks \_\_\_\_\_  
\_\_\_\_\_

Accepted         yes  no                      Date of Acceptance \_\_\_\_\_

Position \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_