



**APPLICATION FOR PEHSC TASK FORCE/COMMITTEE MEMBERSHIP**

Phone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

(Fax) \_\_\_\_\_ (Mobile) \_\_\_\_\_

**REQUIRED INFORMATION**

County of Residence: \_\_\_\_\_

Area Type:            Rural            Suburban            Urban

EMS Council Region:  
\_\_\_\_\_

Licenses/Certifications (current only):  
\_\_\_\_\_

Degrees Held (if applicable):  
\_\_\_\_\_

Specialized Training or Areas of Expertise:  
\_\_\_\_\_

Emergency Services Related – Memberships/Position Held:  
\_\_\_\_\_

**Current Positions Held: - check as many as apply**

- |   |   |
|---|---|
| <input type="checkbox"/> Volunteer First Responder  | <input type="checkbox"/> Volunteer PHRN   |
| <input type="checkbox"/> Volunteer EMT-Paramedic  | <input type="checkbox"/> Volunteer Fire/Rescue  |
| <input type="checkbox"/> Volunteer Emergency Responder  | <input type="checkbox"/> County EMS Council   |
| <input type="checkbox"/> Full Time Paid EMS Provider  | <input type="checkbox"/> Part-time Paid EMS Provider  |
| <input type="checkbox"/> EMS Educator <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> Both | <input type="checkbox"/> Management/Admin of EMS Organization <input type="checkbox"/> BLS <input type="checkbox"/> ALS |
| <input type="checkbox"/> Management/Admin. Of EMS Assoc.  | <input type="checkbox"/> Industrial EMS Provider  |
| <input type="checkbox"/> Volunteer EMT  | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Certification Number _____   |   |

**Organization Type:**

- |   |  |
|---|--|
| <input type="checkbox"/> Non-Profit BLS                 | <input type="checkbox"/> For Profit EMS                    |
| <input type="checkbox"/> Non-Profit ALS                 | <input type="checkbox"/> Hospital for Profit               |
| <input type="checkbox"/> Hospital for Non-Profit        | <input type="checkbox"/> Regional EMS Council              |
| <input type="checkbox"/> Industrial Health Care         | <input type="checkbox"/> Government (Describe _____)       |
| <input type="checkbox"/> State Organization/Association | <input type="checkbox"/> Regional Organization/Association |
| <input type="checkbox"/> Training Site                  | <input type="checkbox"/> Other _____                       |

**APPLICATION FOR PEHSC TASK FORCE/COMMITTEE MEMBERSHIP**

All Council and Task Force/Committee guidelines apply to membership. It is the responsibility of the Member to update the Council staff of any changes to address, etc.

I agree to the conditions of membership.

Have you ever been convicted of a criminal offense, or have you forfeited bond or collateral in connection with a criminal charge?  Yes  No

The term criminal offense is defined as a felony, misdemeanor, summary offense, and/or conviction resulting from a plea of nolo contendere (no contest). You may omit (1) minor traffic violations; (2) offenses committed before your 18<sup>th</sup> birthday, which were adjudicated in juvenile court or under a youth offender law; (3) conviction which has been expunged by a court of for which you successfully completed an Accelerated Rehabilitative Disposition program. Conviction of a criminal offense is not a bar to membership in all cases. Each case is considered on its merit.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
(Please print name)

**Thank you, you will be advised upon receipt of your application. Incomplete applications will be rejected.**

**OPTIONAL INFORMATION:**

**Occupation:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_