

**Columbia Quick Response Service, Inc.**  
**P.O. Box 30**  
**Columbia, Pa 17512**  
[www.columbiaqrs.org](http://www.columbiaqrs.org)

**MEMBERSHIP APPLICATION**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_ Valid: \_\_\_\_\_

Position Applying For:  EMT  First Responder  Emergency Responder

Hours available to volunteer: Days: \_\_\_\_\_

Evenings: \_\_\_\_\_

Nights: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Hours of Work: \_\_\_\_\_

**Past or Present Experience with Emergency Medical Services,  
Paid or Volunteer**

| Organization | Type of Work | Dates of Service |
|--------------|--------------|------------------|
|              |              |                  |
|              |              |                  |
|              |              |                  |
|              |              |                  |
|              |              |                  |

Are you currently a high school student:    yes    no

If yes, name of institution: \_\_\_\_\_

If no, do you have a high school diploma/GED:    yes    no

**Education**

| School | Course of Study | Diploma/Degree |
|--------|-----------------|----------------|
|        |                 |                |
|        |                 |                |
|        |                 |                |

Have you ever been convicted of any felonies and/or misdemeanor(s): **yes or no?**

If yes, what type: \_\_\_\_\_?  
Probation? \_\_\_\_\_ How Long? \_\_\_\_\_

Have you ever served in any of the Armed Services of the United States? Yes or no  
If yes, which branch? \_\_\_\_\_ How Long?: \_\_\_\_\_ Active?: \_\_\_\_\_

Have you ever applied at the Columbia Quick Response Service before? yes or no  
If yes, When? \_\_\_\_\_

Reference: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Certifications

| Type                          | State/Expiration | License Number |
|-------------------------------|------------------|----------------|
| EMT / FR / ER<br>(circle one) |                  |                |
| CPR                           |                  |                |
|                               |                  |                |
|                               |                  |                |
|                               |                  |                |
|                               |                  |                |
|                               |                  |                |
|                               |                  |                |
|                               |                  |                |
|                               |                  |                |

Please provide copies of all certs, CPR, and drivers license

If EMT, are you National Registry? **yes no**

### Emergency Contact

| Name | Address/Phone |
|------|---------------|
|      |               |

I, \_\_\_\_\_, certify that all the information provided in this application is true and complete to the best of my knowledge. I understand that any false information or omission may disqualify me from acceptance or result in dismissal from Columbia Quick Response Service, Inc.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# Internal Office Use

Interviewed: \_\_\_\_\_ Date of Acceptance: \_\_\_\_\_

Physical: \_\_\_\_\_ Company: \_\_\_\_\_

Papers copied and filed: \_\_\_\_\_ By Whom: \_\_\_\_\_ Date: \_\_\_\_\_

Type:

|  |  |  |
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|  |  |  |

Insurance Company cleared: \_\_\_\_\_ Approval #: \_\_\_\_\_

Criminal Background Check: \_\_\_\_\_ Date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Reference called - Date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Reference called - Date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Keys Issued: \_\_\_\_\_ Date: \_\_\_\_\_ I.D. Tags: \_\_\_\_\_

Orientation: \_\_\_\_\_ Date: \_\_\_\_\_ Preceptor: \_\_\_\_\_

General Orders: \_\_\_\_\_ Date: \_\_\_\_\_ Preceptor: \_\_\_\_\_