

Webster Street • Ellenville, NY 12428 • (845) 647-8181

A Volunteer Organization Rendering First Aid And Emergency Ambulance Service in the Village of Ellenville and Vicinity

Est. 1955

Member Ulster County Ambulance Association

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| 2. Are you now or ha | id N.Y.S. Operator's License? Number: | | |
| If yes explain fully: | ve you ever been treated for any physical or mental dis | order? | |
| you, oxpiam rany. | | | |
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| 3. Would you be pern | nitted to leave your place of amplement during the | | · · · |
| o. Trouid you be peri | nitted to leave your place of employment during the day | of need? | |
| | List days of normally: | | |
| | List rotating shifts: | | |
| | List irregular working hours: | Wigter County A County | |
| | | Nights: | |
| 4. Have you ever bee | en: (A) Refused or denied membership or (B) Suspende | d or expelled from any organization for any reason? | |
| If "YES", explain ful | ly: | (notestic til til street | OPACH |
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| 5. Have you ever bee | n convicted or a felony? If "YES", ex | colain fully: | and the |
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| | #.8.8 | Status: Date of Sinh: | T. Berthager |
| 6. Briefly explain why | you wish to be a member of the Ellenville First Aid and | Passara Carradi | and the state of t |
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