



Member
Ulster County
Ambulance
Association

1 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

APPLICATION FOR MEMBERSHIP

(Please type or print all information)

Date: _____

Name: _____

Last

First

M.I.

Address: _____

Street

City

State

Zip

Telephone: () _____

Home

Work

Marital Status: _____ Date of Birth: _____ S.S.#: _____

ORGANIZATIONS PRESENTLY ASSOCIATED WITH:

Vol. Ambulance: _____

Comm. Ambulance: _____

Fire Department: _____

Police Department: _____

Rescue Squad: _____

Any Other: _____

Name

Address

Years Service

OCCUPATION:

Employer: _____

Name

Address

Phone

EDUCATION:

Elementary: _____

High School: _____

College: _____

Special Training: _____

Name

Address

Grade Comp. -

EMERGENCY MEDICAL TRAINING:

None: _____

C.F.R.: _____

E.M.T.: _____

E.M.T.-D.: _____

A.E.M.T.: _____

Cert. #

Date Course Comp.

Yrs. Held

Instructor's Card Held: C.P.R.: _____ A.R.C.: _____ E.M.T.: _____

Date

Date

Date

REFERENCES: List two persons other than relatives.

()

()

Name

Address

Phone

Over

OTHER INFORMATION

1. Do you have a valid N.Y.S. Operator's License? _____ Number: _____
2. Are you now or have you ever been treated for any physical or mental disorder? _____
If yes, explain fully: _____

3. Would you be permitted to leave your place of employment during the day of need? _____
List days off normally: _____
List rotating shifts: _____
List irregular working hours: _____
Would you be available Days: _____ Nights: _____
4. Have you ever been: (A) Refused or denied membership or (B) Suspended or expelled from any organization for any reason? _____
If "YES", explain fully: _____

5. Have you ever been convicted of a felony? _____ If "YES", explain fully: _____

6. Briefly explain why you wish to be a member of the Ellenville First Aid and Rescue Squad: _____

I hereby give my consent to the membership committee to investigate any or all of the statements on this application and I further understand that any false statements will terminate any consideration for membership. I give consent for the E.F.A.S. to do an investigative background check through Police records.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

1. Interviewed by: 1. _____ 2. _____
Date: _____ 3. _____ 4. _____
Recommended: _____ Not Recommended: _____
2. Membership meeting: Proposed Name: _____
Probationary Vote: _____
3. Probationary Schedule: Starting Date: _____ Time Period: _____
Reason for Period: _____
Equipment Training: _____
Emergency Training Completed: _____
Physical Exam: _____
4. Active Membership: Date Approved: _____ Disapproved: _____
Signature of President: _____ Date: _____
5. File Sent to Director of Personnel: Date: _____ Signature: _____