



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

Member
Ulster County
Ambulance
Association

APPLICATION FOR MEMBERSHIP

(Please type or print all information)

Date: _____

Name: _____

Last

First

M.I.

Address: _____

Street

City

State

Zip

Telephone: () _____

Home

() _____

State

Zip

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: _____