

Community Ambulance Company

P.O. Box 450
Sayville, NY 11782
631-567-2586

Membership Application

PERSONAL DATA:

Date: _____
Name: _____ **DOB:** ____ / ____ / ____
Address _____ **Phone:** _____
City: _____ **State:** ____ **Zip:** _____ **Cell #:** _____
Email Address: _____ **Cell Provider:** _____
Social Security #: _____ **Driver's License#:** _____

EDUCATIONAL BACKGROUND:

High School: _____ **Graduated:** _____
College: _____ **Graduated:** _____
Business/Trade or other schooling: _____
Military Experience: _____

EMPLOYMENT: List for past 3 years

Company Name	Start / End Date	Phone Number	Supervisor	Duties

Have you ever been a Member of another EMS/Fire/Police/Rescue or other similar organization? _____ If yes, where? _____

What is/was your position/duties? _____

Status of Membership: Active Terminated Resigned

EMS TRAINING: ** Attach a copy of certificate, if applicable.

CPR: _____ **Expires:** _____

EMT: _____ **Expires:** _____ **Basic** **CC** **Paramedic**

Special Skills or Training: _____

Personal References: List 2 Business or Professional References.

Name: _____

Name: _____

Occupation: _____

Occupation: _____

Address: _____

Address: _____

City/State: _____

City/State: _____

Phone: _____

Phone: _____

Years Known: _____

Years Known: _____

Emergency Contact: List at least 1 Emergency Contact.

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

Address: _____

Address: _____

Understand that this is a 24hr volunteer service. Based upon this, there will be times that you will be required to respond to calls at night, weekends and/or holidays. Are there any objections to responding at such times? _____

Community Ambulance operates on 6 hour shifts during the day (6am- 6pm) or 12 hour shifts during the night (6pm- 6am). It is required that members ride a weekly shift. Weekends cannot be guaranteed. We ask our members to have some flexibility in their schedules to move around if needed. Are there any objections to this? _____
If yes, please explain _____

Have you ever been refused or denied membership, suspended or expelled from any organization? If yes, please explain: _____

Have you ever been convicted of any crime or any offense other than a traffic violation? _____
If yes, please explain: _____

Do you have a reliable source of transportation? _____

Have you ever applied for membership to this company before? _____

Explain briefly why you wish to be a member of Community Ambulance Company:

I hereby certify that the answers to all of the preceding questions are true, complete and accurate. I clearly understand that any false statement on this application may terminate any further consideration for membership. I also understand that, if accepted, I will be on probation for a specified period of time and my continued membership will be contingent on abiding by the rules, regulations and requirements set forth by the By-laws and the Board of Directors. I hereby give permission to the Community Ambulance Company to investigate any or all of the statements on this application, including a driver's license and warrant check, as well as to contact any previous employers, memberships or referenced names.

Signature: _____ **Date:** _____