**Nassau Ambulance, Incorporated**

**Application for membership**

 Application Date:

**Personal Information**

Name: First MI Last

Address: Street City State Zip

Telephone:

 Home Work Cell

Email Address:

How long have you resided at your current address?

Are you at least 18 years of age? Yes No If no, date of birth

Are you currently employed? Yes No If yes, give employers information below

Name of Company:

May we contact your present employer for a reference? Yes No

If yes, Contact Name: Title:

Do you have a valid NYS Drivers License? Yes No

If yes, License Number - - Expires /

**Previous Emergency Services Experience**

Please include and police, fire, and ambulance agencies

 From To Name City/State Telephone#

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Check if NO previous Experience

Check any training below that applies:

 EMT Expiration Date: / CPR/AED Expiration Date: /

 Emergency Vehicle Operator Course (or equivalent) Date of Completion: /

 Other: (Please List)

Upon Acceptance of application, what would your interest be? (Check all that apply)

Emt Driver Attendant Social Member Other/Unknown

**Availability for Assigned Duty Crew**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MON** | **TUES** | **WED** | **THURS** | **FRI** | **SAT** | **SUN** |
| AM | AM | AM | AM | AM | AM | AM |
| PM | PM | PM | PM | PM | PM | PM |

**Please list three personal references, other than members of the organization and family that you have known for at least three years (references will be checked):**

Name Telephone#

 Address

Name Telephone #

Address

Name Telephone #

Address

Please list any acquaintances that are members of the Nassau Ambulance, Inc.

I, , verify that the information given on this application is true and correct to the best of my knowledge. In signing, I give permission to Nassau Ambulance, Inc. to contact the persons I have listed as personal references and also give said permission to release relevant information in regards to my membership application to Nassau ambulance, INC. I understand that such information will be kept confidential.

Applicant Name (please print) Date

Applicant Signature