



EDMESTON EMERGENCY SQUAD

Edmeston, New York 13335

**Application for Voluntary Membership
(Voluntary Uncompensated Employment)**

NAME: _____ **DATE:** _____
Last First M.

ADDRESS: _____ **HOME PHONE:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **WORK PHONE:** _____

Do you have a current certification in any of the following areas?

	YES	NO	CERTIFICATE #	AGENCY NAME	EXP DATE
Community CPR	_____	_____	_____	_____	_____
Rescuer CPR	_____	_____	_____	_____	_____
Heartsaver AED	_____	_____	_____	_____	_____
Rescuer First Aid	_____	_____	_____	_____	_____
First Responder	_____	_____	_____	_____	_____
BEMT-D	_____	_____	_____	_____	_____
AEMT-I	_____	_____	_____	_____	_____
AEMT-CC	_____	_____	_____	_____	_____
Paramedic	_____	_____	_____	_____	_____

Would you consider furthering your level of training after becoming a member? YES___ NO___

Do you have a NYS Drivers License (class 5)? YES___ NO___ License # _____

Has your driving record been free of any violations for at least three years? YES___ NO___

Have you ever been convicted of a misdemeanor or felony? YES___ NO___

Have you resided or been employed within the Edmeston Fire or Fire Protection District for at least six months prior to the date of this application? YES___ NO___

Will you be residing or be employed within the Edmeston Fire or Fire Protection District for 12 months a year? YES___ NO___

Are you a member in good standing of the Edmeston/Burlington Community? YES___ NO___

Have you ever been a member of another EMS or Fire organization? YES___ NO___
If yes which organization? _____ How long? _____

Community References: References must be members in good standing of the surrounding Edmeston/ Burlington communities.

1. NAME: _____ PHONE: _____
2. NAME: _____ PHONE: _____
3. NAME: _____ PHONE: _____

EMS References: If the applicant has been a previous member of another EMS or Fire organization provide 2 references of a leadership position from that organization.

1. NAME: _____ PHONE: _____
2. NAME: _____ PHONE: _____

I understand that if I become a member of the Edmeston Emergency Squad that I will be subjected to numerous Federal, State, County and Local Laws and Regulations. In addition will be the squad By-Laws and Standard Operating Procedures to abide by. I agree to follow and abide by these regulations, By-Laws, and Standard Operating Procedures.

SIGNATURE: _____

DATE: _____

MEMBERSHIP STATUS APPLYING FOR

_____ **EMS DRIVER:** EMS Drivers are volunteer drivers of the Ambulance

_____ **EMS ASSISTANT:** No medical training, assists with the day to day operation of the squad

_____ **PROVISIONAL:** No training, but will be enrolled in a course within 6 months.

_____ **ASSISTANT MEMBER:** Assistant Members are volunteers who assist in the general operation of the squad. Assistant Members are CPR FACTS certified, assist EMT's, and able to perform CPR.

_____ **FULL MEMBERSHIP:** Full Membership members are volunteers that are current certified NYS EMT's at any level. Full Members provide direct patient care to the level of training currently certified.

Executive Committee Use Only

Edmeston Fire Department - Approved _____ Denied _____ Date: _____

Edmeston Squad Executive Committee Review -
Approved _____ Denied _____ Date: _____

Reason for denial _____

Vote of Membership - Approved _____ Denied _____ Date: _____