

# New Member Application

P.O. Box 443, Elizabethtown, NY 12932  
 8143 US Route 9, Lewis, NY 12950  
 518.873.2122  
 etownlewisems42@gmail.com  
 etownlewisems.org



Name: \_\_\_\_\_

Address: \_\_\_\_\_

How long have you lived at the above address? \_\_\_\_\_ years \_\_\_\_\_ months

Are you 18 yrs of age or older? \_\_ yes \_\_ no Phone Number: \_\_\_\_\_

Present Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

CPR _____	Expiration Date _____	CPR _____	Expiration Date _____
EMT _____	Expiration Date _____		
AEMT _____	Expiration Date _____		
LPN _____	RN _____	Other _____	

## References who are not squad members

Name	Address	Phone	Relationship

## Please indicate the times you would be available for ambulance coverage:

Weekdays 6am to 6pm _____	Nights 6p to 6a _____	Weekends _____
------------------------------	-----------------------	----------------

Have you ever been arrested and/or convicted of a crime? \_\_\_\_\_ Explain:

\_\_\_\_\_

New York State Driver's License Number: \_\_\_\_\_ Points against license? \_\_\_\_\_

List accidents during the past five years  
\_\_\_\_\_

Are you 21 or older? \_\_\_\_\_ Class of Driver's License \_\_\_\_\_ Years Driving \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Recommended by \_\_\_\_\_ (Squad member)

*The following information is requested by the Federal Government in order to monitor compliance with the federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose to not furnish it, we are required to note the race/national origin of the individual applicants on the basis of visual observation or surname.*

**Ethnicity:**

Hispanic or Latino: \_\_\_\_\_

Not Hispanic or Latino: \_\_\_\_\_

**Race:** (please mark all that apply)

White \_\_\_ Black or African American \_\_\_

American Indian/Alaska Native \_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_

**Gender:**

Male \_\_\_ Female \_\_\_

---

**Applicant please do not mark below, to be completed by Squad Members only.**

Received on: \_\_\_\_\_

Received by: \_\_\_\_\_

Accepted by the squad as a probationary member on: \_\_\_\_\_

Granted full membership on: \_\_\_\_\_

**To be signed by applicant upon acceptance as a squad member.**

*I agree to comply with all orders, rules, and regulations of this agency. The answers on this application are true to the best of my knowledge and belief. It is understood that any false statement on this application is sufficient cause for rejection or dismissal.*

**Applicant's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_