

WARRENSBURG



EMS

*"OUR PATIENTS ARE OUR FIRST PRIORITY
AND
OUR MEMBERS ARE OUR GREATEST ASSET"*

MEMBERSHIP APPLICATION

Basic Information

Last Name: _____ First Name: _____ MI: _____

Current Address: _____

City: _____ State: _____ Zip: _____ Years There: _____

E-Mail: _____

Social Security #: _____ Date Of Birth: _____

Height: _____ Weight: _____ Marital Status: _____

List major and minor health conditions and physical limitations: _____

Employer: _____ Current Job: _____

Driver's License ID# _____ State: _____ *Please include photocopy of drivers license*

List driving infractions or convictions including dates: _____

Within the last 18 months: _____

Have you ever been convicted of a crime other than a motor vehicle violation? YES NO (circle one)

If yes, explain: _____

Are you now, or have you ever been investigated for any action or failure to act as an emergency medical services provider or health care provider? YES NO (circle one)

If yes, explain: _____

Have you ever had any certification revoked or suspended? YES NO (circle one)

If yes, explain: _____

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Are you currently, and / or have you ever been a member of an ambulance or fire department?

Organization	Address	Status	Dates

List all current EMS related certifications, including those in which you are currently enrolled:

Please include photocopies of cards (CPR, CFR, EMT, etc.)

Course	Description	Date Completed	EMT Number

References

Name	Address	Phone Number

I, _____ understand this application for membership for Warrensburg Emergency Medical Services, Inc. authorizes said corporation to obtain background information including but not limited to criminal background checks, medical records, and verification from employment records. I understand this information will be safeguarded from unauthorized disclosure, and I attest to the truthfulness and accuracy of the information I have provided on this membership application.

Signed: _____ Date: _____

Witness: _____ Date: _____

Warrensburg Emergency Medical Services Inc.
PO Box 157
Warrensburg, New York 12885

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Office Use Only

	Initials	Date	Comments
Membership Committee	_____	_____	_____
Operational Manager	_____	_____	_____
Safety Officer	_____	_____	_____
Training Officer	_____	_____	_____
President	_____	_____	_____
Secretary	_____	_____	_____
Filed	_____	_____	_____

Preferred Membership Status (circle one or any combination)

Corporate: Board of Directors Secretarial Financial

Operational: Driver EMT Secretarial Line Officer

Auxiliary: Fund Raising House Cleaning Other: _____

DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for service) or membership with Warrensburg EMS

I understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, license suspensions and revocations.

I authorize, without reservation, any party or agency contacted to furnish that above-mentioned information.

I have the right to obtain information as to the name, address, and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for the organization named above to procure motor vehicle reports at any time during my employment, membership or contract period.

(Signature)

(Date)

(Print Name)

(Social Security Number)

(Driver's License Number)

(State)

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PO Box 157
Warrensburg, New York 12885