



West Glens Falls Emergency Squad, Inc.

86 Luzerne Road
Queensbury, NY 12804
(518) 798-5011



Membership Application

Junior Member (14-17)

Senior Member (18-20)

Senior Member (21+)

Contact Information

Name:

Street Address:

City:

Zip:

Home Phone: ()

Cell Phone: ()

E-Mail Address:

Education and Employment

High School:

Grade Completed:

Additional Education and Degrees:

Current Employer:

Job Title:

Date Started:

Work Phone: ()

Hour(s) Worked:

EMS Experience and Intent

Have you ever been a member of any Emergency Squad (circle):

YES

NO

If YES, Where?

Do you currently hold a NYS EMT Card (circle)?

BASIC

INTERMEDIATE

CRITICAL CARE

PARAMEDIC

If YES, expiration date:

EMT Certification #:

Please provide a brief statement as to why you would like to become a member:

Criminal History, Sponsors and References

Have you ever been convicted of a crime (circle): YES NO

Please indicate additional information as appropriate (any history we should be concerned about):

Sponsors (current members of this organization)

Name:	Name:
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References (people we may contact, excluding family members and members of the agency)

Name:	Phone: ()
E-Mail Address:	
Name:	Phone: ()
E-Mail Address:	
Name:	Phone: ()
E-Mail Address:	

The West Glens Falls Emergency Squad, Inc. prides itself on accepting applications for membership regardless of the applicant’s race, color, creed, sex marital status, disability, national origin, ancestry, or place of birth.

I hereby apply for membership in the West Glens Falls Emergency Squad, Inc. I understand that my acceptance in the corporation will be on a six-month probationary basis. During which time my membership may be terminated in accordance with the by-laws. Any false statements or omissions made in the application will be considered sufficient cause for expulsion from the corporation upon discovery thereof.

I hereby authorize the West Glens Falls Emergency Squad, Inc. or its representatives to make official inquiries of all persons, schools, public and private companies, corporations, consumer reporting agencies, law enforcement agencies, state licensing and certifying agencies, and medical advisors of this corporation to supply all information concerning my character, current and prior employment or membership verification, general reputation, personal characteristics and mode of living, and furnish reports thereon.

If accepted into membership in the West Glens Falls Emergency Squad, Inc. I will follow the Standard Operating Procedures (SOPs) as adopted and the by-laws as they may be amended in the future. I will agree to submit to physical and medical examinations at the opinion and expense of the organization and also agree that the examining physician will disclose to the corporation or its representatives, the results of such examination.

Signature: _____ Date: _____



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Motor Vehicle Record Release

DISCLOSURE AND RELEASE TO OBTAIN MOTOR VEHICLE RECORDS

In connection with my application for employment (including contract for services) or membership with the West Glens Falls Emergency Squad I agree to the following:

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 THE 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 in its files on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished with 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

New York State Driver's License Number