

# SOUTHERN MADISON COUNTY VOLUNTEER AMBULANCE CORP

P.O. Box 453, Hamilton, NY 13346 | Return to Dave Snyder: 824-6867

## MEMBERSHIP APPLICATION

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

Address (Local): \_\_\_\_\_ PO Box (Local): \_\_\_\_\_

Bldg/Apt #: \_\_\_\_\_ PO Box (Colgate): \_\_\_\_\_ Grad Year: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Telephone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Work Telephone: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

NYS Driver's License #: \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

(Driving applicants only—must have NYS License and be a minimum of 21 yrs old.)

### CATEGORY OF MEMBERSHIP APPLYING FOR:

<p><b>Riding Membership</b></p> <p><input type="checkbox"/> Regular                      <input type="checkbox"/> Student</p> <p>as a: <input type="checkbox"/> Driver            <input type="checkbox"/> EMT            <input type="checkbox"/> A/EMT            <input type="checkbox"/> S/O</p> <p style="text-align: center; font-size: small;">(Check all that apply)</p>	<p><b>Non-Riding Membership</b></p> <p><input type="checkbox"/> Associate</p>
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### TRAINING

(Provide copies of all certification cards, certificates and drivers license if driving)

Complete— even if expired	Level (circle one)	EMT and/or Instructor Number(s)	Date		Comments <small>Note if currently in class or interested in class, specify</small>
			Effective	Expires	
CPR	AHA or ARC				
CPR Instructor	AHA or ARC				
EVOC (Emerg Veh Op Course)					
EVOC Intersection					
First Aid (circle: ARC/DOT)	Basic or Adv				
NYS First Responder					
NYS Basic EMT					
NYS Advanced EMT	Interm III P				
Other (non-NYS EMT etc.)					

Prior Ambulance of FD Rescue experience: \_\_\_\_\_

Current member of an Ambulance Corp or Fire Dept? (name) \_\_\_\_\_

Reference: (Name, Address, Phone Number) \_\_\_\_\_

Reference: \_\_\_\_\_

Reference: \_\_\_\_\_

Do you have a disability which may need special consideration?     No             Yes

If Yes, please advise how we may help: \_\_\_\_\_

Other than parking tickets, have you received a speeding ticket(s) in the past (5) five years, or ever been convicted of a crime?     No             Yes, and explain on reverse side of application

I hereby certify that the above information is true and accurate. I agree to Driver's License verification and validation of acceptable driving record. I agree to background check and verification of certifications etc.

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