



MEMBERSHIP APPLICATION

NEW WINDSOR EMERGENCY MEDICAL SERVICES

P.O. Box 4334, New Windsor, NY 12553

Serving the community since 1957





Instructions for Completion of Membership Applications

An application must be fully completed to be considered. This includes:

- Membership application (4 page document with all required signatures)
- Personal Reference Request: You must complete the addressing of the reference request then sign and date it. Do not send these. These must be returned with the application. These references must be the same as the references listed on page 3.
- Legible photocopies of all necessary documents (Driver's License, Social Security Card, NYS DOH certified card, valid CPR card, and any other pertinent documents). **A complete background check will be performed**

Mail the completed application, reference requests, and photocopies to:

New Windsor Emergency Medical Services
c/o Human Resources
P.O. Box 4334
New Windsor, NY 12553



Date Application Received _____

Date of Interview _____

Date of Vote _____

ACCEPT / REJECT

MEMBERSHIP APPLICATION

Please read all information carefully before completing application

Personal Information

Full Name _____ Date _____

Address _____

Phone () _____ Email Address _____

Cell Ph () _____ Pager () _____ PIN _____

Date of Birth _____ Social Security # _____

Emergency Contact _____ Phone () _____

Address _____

Are you a citizen of the United States? Yes No

If no, are you authorized to live/work in the U.S.? Yes No

Have you ever been convicted of anything more than a violation? Yes No

If yes, explain: _____

Position Desired

Have you ever applied to this organization and been rejected? Yes No If yes, when? _____

Have you been a member of this organization prior? Yes No If yes, when? _____

Position you are applying for:

Active Riding Member - Volunteer

Employee

Previous Medical Training

CPR EMT Lifeguard MD/PA
 First Aid Paramedic RN/LPN Other: _____

Current level of NYS DOH Certification: CFR EMT EMT-I EMT-CC EMT-P

NYS DOH Certification Number _____ Expiration Date _____

Has your EMS certification ever been suspended/revoked? Yes No If yes, attach explanation.

Physical Limitations

Describe any physical limitations that may affect your ability to function on an ambulance crew (i.e. heart condition, hearing loss, back trouble, etc.)

Note: If you apply for a position riding the ambulance, you will be expected to assist in lifting objects and patients and being able to balance both. Also, you might be required to have a physical examination completed by our doctor who will be paid for by the corps.

Driving Record

Do you possess a valid NYS driver's license? Yes No Other state _____

Driver's license number _____ Expiration Date _____

List any traffic violations, accidents, suspensions and/or revocations during the last 36 months

Date	Violation / Accident (describe)
_____	_____
_____	_____
_____	_____
_____	_____

Note: Every year it is required that all driver's licenses of members of the New Windsor Emergency Medical Services be run through the New Windsor Police Department to verify their driving history. By signing this application, you agree that the Corps can run license prior to you being voted in as a member.

Occupation

Company _____ Phone () _____

Address _____

Job Title _____ Supervisor _____

Job Responsibilities _____

Education

School Name	Address	Dates Attended	Graduated
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

References

List the name, e-mail address, and phone number of at least three personal references who are not related to you. We will contact each reference by e-mail and/or telephone.

Name	E-Mail Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Skills / Training

Additional Documentation

Submit photocopies of the following documents with your application:

- NYS Driver's License
- Social Security card
- NYS EMT Certification (if applicable)
- Current CPR card (if applicable)
- Any other documents which may be pertinent

Disclaimer and Signature

NEW WINDSOR EMERGENCY MEDICAL SERVICES is a voluntary service organization which provides emergency care to community residents in times of accidents or when other medical services are needed. At the time our services are rendered, the people and relatives to whom the services are rendered are generally in vulnerable physical condition and emotional states.

Our constitution requires that membership be "open to anyone of good moral character" (Article II, Section 1). Accordingly, in order to abide by the requirements of our constitution, an investigating agency may be asked to provide an investigative report containing information on your character, general reputation, personal characteristics or mode of living, including criminal convictions, if any, obtained through personal interviews with neighbors, friends, associates or others with whom you are acquainted.

Under the Federal Fair Credit Reporting Act of 1970, you may request in writing the disclosure of the nature and scope of the report referred to above, if any.

I certify that the foregoing statements are accurate and complete to the best of my knowledge. I understand that I am subject to dismissal if any information provided by me is false. I further understand that my membership is contingent upon satisfactory reference information whenever obtained, and the corps evaluation of the results of a probationary period.

I hereby authorize the release to the NEW WINDSOR EMERGENCY MEDICAL SERVICES any personal information and/or records concerning civil or criminal matters heretofore or hereafter occurring that affect me.

Print Name

Signature

Date