

South Jefferson Rescue Squad, Inc.  
P.O. Box 126  
Adams, NY 13605  
(315) 232-2624

Dear Prospective Applicant:

Enclosed please find an Application for Membership, three (3) Recommendation Letters and four (4) self-addressed envelopes.

In order to be considered for membership in the South Jefferson Rescue Squad, Inc. the following must be completed:

1. A completed Application for membership must be returned to my attention (envelope enclosed).
2. We must have the three (3) Letters of Recommendation returned. Please add a stamp to the enclosed envelopes prior to forwarding to your reference requesters.
3. Once items #1 and #2 are received, Bill Mabe, Chief will contact you to arrange for you to meet with the Chief's to review our constitution and By-Laws.
4. You will then be requested to meet with the Board of Directors at our next regularly scheduled Board meeting for a personal interview. This provides an opportunity to meet you; and you to ask any questions you may have. If approved, your application will be brought before the general membership for voting.

Should you have any questions or concerns regarding our application process, please feel free to contact Bill Mabe (783-1633) or myself (232-4461)

Sincerely,

Debbie Mabe  
President

Enclosures

96-52  
Revision C

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APPLICATION FOR MEMBERSHIP

Name \_\_\_\_\_ S.S. # \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_  
\_\_\_\_\_

Are you an U.S. Citizen ? Yes \_\_\_\_\_ No \_\_\_\_\_

What type of membership are you requesting? Active \_\_\_\_\_ Service \_\_\_\_\_

Below please list any first aid training you have completed

Training	Date Completed	License Number	Expiration Date
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_____	_____	_____	_____
_____	_____	_____	_____

Have you been convicted of any crime during the past three (3) years? \_\_\_ If yes, give:  
Date \_\_\_\_\_ Charge \_\_\_\_\_ Court and Location \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List three (3) character references:

Name	Address
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_____	_____
_____	_____
_____	_____

Type or class of Driver's License: \_\_\_\_\_ Restrictions: \_\_\_\_\_

I.D. # \_\_\_\_\_ Date of expiration: \_\_\_\_\_

Make, color and license plate number of car usually driven \_\_\_\_\_

\_\_\_\_\_

Medical Information

Please answer each of the following questions "Yes" or "No". If your answer is "yes" kindly write the date of such incident on same line following your answer and a brief explanation below.

- 1. Cancer \_\_\_\_\_
- 2. Tumor \_\_\_\_\_
- 3. Diabetes \_\_\_\_\_
- 4. Epilepsy \_\_\_\_\_
- 5. Heart trouble \_\_\_\_\_
- 6. Tuberculosis \_\_\_\_\_
- 7. Rupture \_\_\_\_\_
- 8. Arthritis \_\_\_\_\_
- 9. Eye trouble \_\_\_\_\_
- 10. Nervousness \_\_\_\_\_
- 11. Convulsions \_\_\_\_\_
- 12. Shortness of breath \_\_\_\_\_
- 13. Fainting Spells \_\_\_\_\_
- 14. Dizziness \_\_\_\_\_
- 15. Chronic cough \_\_\_\_\_
- 16. High B/P \_\_\_\_\_
- 17. Back injury \_\_\_\_\_
- 18. Any other \_\_\_\_\_

Have you ever filed a compensation claim or received benefits as a result of an injury or disease?

**SOUTH JEFFERSON RESCUE SQUAD, INC. IS AN EQUAL OPPORTUNITY NOT-FOR-PROFIT AMBULANCE SERVICE.**

Discrimination because of race, color, religion, national origin, sex, age, or mental/physical disability is prohibited by law. Positions with S.J.R.S. are subject to all application laws.

I understand that any false information on this application may result in denial of membership or revocation of membership. I authorize the Officers of South Jefferson Rescue Squad, Inc. to investigate the information on this application with the proper agencies. All information resulting from these investigations will remain confidential with the Board of Directors. I also agree to abide by the by-laws of S.J.R.S.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Board Approval/Disapproval \_\_\_\_\_ Date \_\_\_\_\_

Squad Approval/Disapproval \_\_\_\_\_ Date \_\_\_\_\_

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RECOMMENDATION FORM

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

Dear \_\_\_\_\_,

\_\_\_\_\_ is applying for active membership in South Jefferson Rescue Squad, Inc. and has given your name as a reference. Your **frank** appraisal of the above name individual would be appreciated. Please return this letter in the enclosed self addressed stamped envelope. All information will be confidential. Thank you for your assistance.

Yours truly,

Board of Directors  
South Jefferson Rescue Squad

Applicants name: \_\_\_\_\_

How long known? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Ability to get along with people \_\_\_\_\_

Character \_\_\_\_\_

Dependability \_\_\_\_\_

Honesty \_\_\_\_\_

Additional comments you would like to include (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature: \_\_\_\_\_