

**South Jefferson Rescue Squad, Inc.**

P.O. Box 126  
Adams, NY 13605  
(315) 232-2624

Website: [southjeffersonrescue.org](http://southjeffersonrescue.org)

**APPLICATION FOR JUNIOR MEMBERSHIP**

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

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

Are you at least sixteen (16) and less than eighteen (18) years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you possess a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Below please list any medical training that you have completed:

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

Are you a citizen of the United States? Yes No  
\_\_\_\_\_  
If not, do you intend to become a citizen of the U.S? \_\_\_\_\_  
If no, have you the legal right to remain permanently in the U.S.? \_\_\_\_\_  
Do you intend to remain permanently in the U.S.? \_\_\_\_\_

Employment Information:

Name	Address	Position	Dates of Employment
_____			
_____			

Have you ever been convicted or plead to a criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

Provide offense convicted of: \_\_\_\_\_

Date of conviction: \_\_\_\_\_

How long ago was the conviction? \_\_\_\_\_

Has a certificate of relief from disabilities been obtained? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any pending arrests? Yes \_\_\_\_\_ No \_\_\_\_\_

List three (3) character references:

Name	Address
_____	
_____	
_____	

**SOUTH JEFFERSON RESCUE SQUAD, INC. (S.J.R.S.) 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 applicable 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: \_\_\_\_\_

Parent and/or Guardian Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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

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