

South Jefferson Rescue Squad, Inc.

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

Website: southjeffersonrescue.org

APPLICATION FOR MEMBERSHIP

Name: _____

Residence Address: _____

Mailing Address: _____

Phone Number: (____) _____ Cell Number: (____) _____

Email: _____

What type of membership are you requesting? Active _____ Service _____

Are you at least eighteen (18) years of age? Yes _____ No _____

How long have you lived at your present address? Years ____ Months ____

If less than two (2) years, please list your prior addresses for the last two years:
Address From To

Have you previously belonged to another fire department or ambulance service?

If so, provide name, address and years of service:

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
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	Yes	No
Are you a citizen of the United States?	___	___
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
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What is your highest grade/level of education completed? _____

What High School did you attend/graduate from? _____

What College did you attend/graduate? _____

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 ___

Have you ever been convicted of a NYS Bureau EMS violation? Yes _____ No _____

If so, what violation? _____

Have you ever been suspended, disciplined or permitted to resign in lieu of termination from any job/organization? If yes, please explain: _____

Have you ever been denied a license or certification for a business, trade or profession (e.g. certified public accountant, real estate broker, physician assistant, EMT or paramedic) or other certifying body or organization?

If yes, please explain: _____

Have you ever been suspended, censured, had restrictions on your ability to clinically practice, or otherwise reprimanded or disqualified as a member of an EMS profession, or another profession or as a holder of public office?

If yes, please explain: _____

Have you ever had a judgment against you in any civil or administrative proceeding, or any proceeding where you were disciplined or found guilty of fraud, deceit, misrepresentation, forgery or medical malpractice?

If yes, please explain: _____

Have you ever been excluded or are you currently excluded from participation in any federal or state health care program? Yes _____ No _____

If yes, please provide details (date, time, facts involved, current status, which program(s), and state (if applicable)):

List three (3) character references:

Name	Address
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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 certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for denial of membership or revocation of membership if I become a member. I recognize that completion of this application does not mean that I will be accepted as a member and does not obligate S.J.R.S. to accept me as a member. If accepted for membership, I agree to abide by all rules, regulations and policies established by S.J.R.S. and its board of directors and other persons in charge.

I hereby authorize S.J.R.S. to investigate my employment/volunteer history with former employers and volunteer organizations and to make any further investigation deemed necessary in connection with my application for membership, including a criminal history check, driving history check, child abuse clearance check, elder abuse clearance check, FBI background check and other such inquiries. I release S.J.R.S. and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished. I agree to immediately notify (within 24 hours) S.J.R.S. of any instance in which I am arrested or convicted of any felony or misdemeanor.

I certify that I am not now nor have I ever been, excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded my membership with S.J.R.S. may be revoked. I agree to immediately notify (within 24 hours) S.J.R.S. if I learn that I am being excluded from participation in any federal or state health care programs.

Signature: _____ Date: _____

Board Approval/Disapproval: _____ Date: _____