

# Eden Emergency Squad Membership Application



Eden Emergency and Rescue Squad

PO Box 111

Eden, NY 14057-0111

(716) 992-4460

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone:(Home) \_\_\_\_\_  
Phone:(Work) \_\_\_\_\_

S.S. \_\_\_\_\_

NYS Drivers License #: \_\_\_\_\_

In case of emergency please notify: \_\_\_\_\_

Phone: \_\_\_\_\_

Have you applied to this organization before? [  ] Yes [  ] No

Have you had any First Aid experience? [  ] Yes [  ] No

If so, please list: \_\_\_\_\_

Do you have any of the following certifications?

First Aid CPR: [  ] AHA [  ] ARC [  ] Exp. Date: \_\_\_\_\_

First Responder: Cert# \_\_\_\_\_ Exp Date \_\_\_\_\_

EMT-D: Cert# \_\_\_\_\_ Exp Date \_\_\_\_\_

EMT-I: Cert# \_\_\_\_\_ Exp Date \_\_\_\_\_

EMT-P: Cert# \_\_\_\_\_ Exp Date \_\_\_\_\_

Other: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

May we contact your employer? [  ] Yes [  ] No

References (other than family someone you have known for 5+ years):

1. Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Membership Requirements:

Must be at least eighteen(18) years of age

Must attend 75% of early EMS training meetings

Must have six(6) hours of scheduled duty each week

I affirm that my answers to the questions in this application application and any other information which I have furnished in connection with my application for membership to the Eden Emergency and Rescue Squad is true and correct. I also affirm that I have not knowingly withheld any facts or circumstances which would, if disclosed, affect my application unfavorably. I agree that the Eden Emergency and Rescue Squad or its agent may exercise the right, now or in the future, to verify the information in this application I have provided them and I also authorize my listed references to release any information requested. I Understand that any misrepresentation will be caused for immediate suspension.

Signature of Application: \_\_\_\_\_

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

Membership Committee Use Only:

Date applicant received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date applicant interviewed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date applicant presented to membership: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date applicant accepted to membership: \_\_\_\_ / \_\_\_\_ / \_\_\_\_