



# Membership Application

South Orangetown Ambulance Corps  
Emergency Medical Services  
70 Independence Avenue, Tappan, N.Y. 10983

Date: \_\_\_\_\_ How were you referred? \_\_\_\_\_

## PERSONAL HISTORY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## CONTACT INFORMATION

Street Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell / Pager #: \_\_\_\_\_ Email: \_\_\_\_\_

## GENERAL INFORMATION

Are you a citizen of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a valid New York State Drivers License? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is your Drivers License ID#: \_\_\_\_\_ License Class: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been a member of the US Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No

Service \_\_\_\_\_ Branch \_\_\_\_\_ Service Dates \_\_\_\_\_ Rank \_\_\_\_\_

If yes, did you receive a dishonorable discharge? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been removed from membership in another ambulance/ems agency, fire department, fraternal organization, or service club? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the above answer to any of these questions is “**YES**”, please give complete details in the space provided. This information is used with other factors to determine membership in our organization.

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**AVAILABILITY**

Membership in our organization requires regular attendance and participation at Corps activities (meetings, training/drills, answering emergency calls if a riding member, etc). Scheduling is flexible and training is provided at no cost. Please check the time period that you think would best allow you to volunteer some of your time to help the Corps and the Community:

Weekdays:      \_\_\_\_\_ Days      \_\_\_\_\_ Evenings      \_\_\_\_\_ Nights

Weekends:      \_\_\_\_\_ Days      \_\_\_\_\_ Evenings      \_\_\_\_\_ Nights

**EDUCATION**

| Name/City | Years Completed | Diploma/Degree |
|-----------|-----------------|----------------|
|-----------|-----------------|----------------|

High School: \_\_\_\_\_

College: \_\_\_\_\_

Tech/Other: \_\_\_\_\_

Have you ever been trained in CPR?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Are you certified in CPR?      \_\_\_\_\_ Yes      \_\_\_\_\_ No      Expiration Date: \_\_\_\_\_

Are you certified in First Aid/Advanced First Aid?      \_\_\_\_\_ Yes      \_\_\_\_\_ No      Expiration Date: \_\_\_\_\_

Are you certified as a NYS First Responder?      \_\_\_\_\_ Yes      \_\_\_\_\_ No      Expiration Date: \_\_\_\_\_

If yes, where did you receive the training? \_\_\_\_\_

Are you certified as a NYS EMT?      \_\_\_\_\_ Yes      \_\_\_\_\_ No      Expiration Date: \_\_\_\_\_

If yes, where did you receive the training? \_\_\_\_\_

Are you a Nationally Registered EMT?      \_\_\_\_\_ Yes      \_\_\_\_\_ No      Expiration Date: \_\_\_\_\_

If yes, where did you receive the training? \_\_\_\_\_

Are you a NYS and/or Nationally Registered  
Advanced EMT (Paramedic) \_\_\_\_\_ Yes \_\_\_\_\_ No Expiration Date: \_\_\_\_\_

Please note any other medical training, skills and/or certifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you taken a Defensive Driving Course? \_\_\_\_\_ Yes \_\_\_\_\_ No Year last taken? \_\_\_\_\_

Have you taken any Emergency Vehicle Operations Course(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No Year last taken? \_\_\_\_\_

### **EMPLOYMENT**

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please note in most recent order:

**Company Name:** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position / Type of Work: \_\_\_\_\_ Date Started \_\_\_\_\_ Date Left \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_

**Company Name:** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position / Type of Work: \_\_\_\_\_ Date Started \_\_\_\_\_ Date Left \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_

**Company Name:** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position / Type of Work: \_\_\_\_\_ Date Started \_\_\_\_\_ Date Left \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_

### **REFERENCES**

(please provide the name of three (3) references not related to you that we may contact)

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

## **AGREEMENT**

I, \_\_\_\_\_ understand and certify the following:  
(please print full name)

1. The information provided in the foregoing application is true and complete. I understand that any falsification, Misrepresentation or willful omission of facts called for in this application shall be sufficient cause for refusal of membership or discharge from the Corps.
2. I understand that I will be required to participate in an interview with Corps Officers and/or the Membership Committee and be subject to applicable background checks as a part of the application process.
3. I understand that I will need to have a physical health screening by the Corps Physician / Medical Group by the direction of the Corps and at an expense to be paid for by the Corps.
4. I give the Membership Committee and/or Officers of the Corps permission to thoroughly investigate and verify all Information provided in this application, on related associated documentation, and during interviews. I authorize all individuals, schools, and firms/employers named herein unless otherwise noted, to provide any information requested about me, and I release them from liability for damage in providing this information.
5. I understand that the South Orangetown Ambulance Corps has a monthly minimum hourly riding policy for weekend shift coverage totaling 12 hours for designated Corps approved Drivers and Emergency Medical Technicians.
6. I acknowledge the obligation on my part to abide by all the rules, regulations and policies of the South Orangetown Ambulance Corps as defined in the Corps Constitution, By-Laws, and Standard Operating Procedures as well as the authority of the Officers of the Corps.

*I promise to faithfully serve the ambulance corps and promote its interests at all times in a professional manner and to the best of my ability.*

Print Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

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

As our members serve a vital role in the community and have a great deal of public interaction, all applicants must be screened carefully for membership consideration. We **thank you** for your time and effort in completing this application and look forward to taking the applicable steps in the process with you. Please contact us if you have any questions – (845) 359-3030 or [membership@soacems.org](mailto:membership@soacems.org)

### **MEMBERSHIP COMMITTEE ONLY**

Application Received by Membership Committee Chairperson on: (Date) \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Applicant Contacted for Follow Up : (Date) \_\_\_\_\_ by \_\_\_\_\_

Supporting Authorizations Completed:    yes    no    Interview scheduled for: \_\_\_\_\_

Comments: \_\_\_\_\_



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## Federal Driver's Protection Act Authorization to Obtain Motor Vehicle Report

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance, I, (name of employee/volunteer) \_\_\_\_\_ authorize **CLG Financial Corp and South Orangetown Ambulance Corps** to obtain my Motor Vehicle Record. I understand that this record may contain personal information\* in addition to any/all driver violations and/or accidents, which may be on record through the (name of state) NY, NJ, CT & All 50 U.S. States – State Department of Motor Vehicles.

I also authorize release of this information to my employer.

\_\_\_\_\_  
Signature of Employee (or volunteer)

\_\_\_\_\_  
Social Security Member

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address and Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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

\* Personal information means information that identifies an individual including an individual's photograph, social security number, driver identification number, name, address, and telephone number. It does not include information on vehicle accidents, driving violations and driver status.



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## RECORDS INQUIRY RELEASE

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

I, \_\_\_\_\_  
(print legal name)

Voluntarily hereby authorize the South Orangetown Ambulance Corps Membership Committee / Corps Officers and Directors, to make inquiries into all of my records, including but not limited to Criminal History, Driving Records, Arson as well as Employment, Education and Training history. I further authorize and give permission to the Corps to contact the references I designated in my application for membership to the South Orangetown Ambulance Corps. I understand that all information will be kept in strict confidence by the Corps and used for the purpose of my eligibility and standing as an acceptable candidate for membership in the Corps and the services the Corps provides to the community.

Please Print Name: \_\_\_\_\_

Please Sign Here: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_