

ALLEGANY ENGINE CO., INC

MEMBERSHIP APPLICATION FOR EMERGENCY RESCUE SQUAD

NAME: _____

ADDRESS: _____

MAILING ADDRESS: (If different from above)

DATE OF BIRTH: _____ SS#: _____

HOME PHONE #: _____ WORK PHONE#: _____

EMT#: _____ P _ C _ I _ A _ D _

DRIVER'S LICENSE#: _____ CLASS: _____

OCCUPATION: _____

EMERGENCY NOTIFICATION: Name: _____

Address: _____

RECOMMENDED BY: (Two current AFD members in good standing required)

Member's Signature

Member's Signature

ANSWER THE FOLLOWING:

Are you in good physical condition and free of impairments which could hamper your duty as an EMS member? Yes [] No []

Will you answer all rescue squad calls, save when sick, disabled, or absent from area? Yes [] No []

Are you currently a NYS certified EMT? Yes [] No [] (If not, applicant must become NYS certified within 4 months of applying for membership to Rescue Squad)

Will you obey all proper orders of the Fire Chief and his officers? Yes [] No []

If you answered No to any of the above questions your application for membership may be denied.

NOTE: ALL APPLICANTS MUST RECEIVE A PHYSICAL FROM THE AFD DOCTOR BEFORE BEING PRESENTED TO THE BOARD OF COMMISSIONERS.

I attest that the above information is accurate and has not been falsified.

Applicant's Signature

Accepted _____ Rejected _____ Date accepted or rejected _____

Key Number _____

Appointed Number _____