

# 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

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### 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.**

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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 \_\_\_\_\_