

Town of Esopus Ambulance Squad

PO BOX 910

PORT EWEN, NY 12466

845-338-1788

Thank you for your interest in becoming a member of the Town of Esopus Ambulance Squad. The application process is a fairly simple and relaxed process.

Your first step is to fill out the following application and submit it along with a clear copy of your driver's license (if you wish to drive Esopus Ambulance vehicles), a copy of your health inoculations i.e. Hep "C", Polio or Measles and copies of any certifications and / or trainings. The application is then read to the membership at the next regular membership meeting and then submitted to the membership committee for investigation.

The investigation consist of checking your references, investigation by the Ulster County Sheriff's Office, submitting your drivers license to our insurance company for there approval, and an informal interview with the applicant that allows the committee to meet the applicant to explain a little bit about us and for the applicant to answer or ask any question.

The application is then returned to the membership at the following meeting with there report. The membership then has the opportunity to vote whether or not to accept you to membership.

Once again thank you for your interest in Esopus Ambulance and we look forward to hearing from you soon.

Respectfully,

The Membership Committee

Town of Esopus Ambulance Squad

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Last Revision
8/2/07

APPLICATION FOR MEMBERSHIP

Type of Member ship: *Active / Social / Junior Active*
For Active: *Medical / Driver / Attendant* (circle all that apply)

Last Name _____	First Name _____	M.I. _____
Street _____	APT. _____	S.S. # _____ - _____ - _____
PO Box _____	City _____	Zip _____
PHONE _____	Cell # _____	Work # _____
Employed by _____	D.O.B. _____	
Address _____	D.O.B. _____	

Driver License Number _____	Class _____	Date Expires _____
Have you had any Moving violations in the past 5 yrs. Yes No		
If yes Explain _____		

Number of points on license _____	Number of Yrs. Driving _____	
Circle Driver Training Certificates.	CEVO	EVOC
	Defensive driving	Drivers Ed.

Have you been convicted of any crimes? (Answering yes does not disqualify your application) Yes No
If Yes Explain _____

Do you have any medical training? Yes No	If no would you consider training? Yes No
If yes circle all that Apply? AEMT, EMT, CFR, RN, LPN, MD, PA, Advanced First Aid, CPR, CLI, CIC.	
Any other Medical Training _____	
If EMT / AEMT / CFR Certificate number _____	Exp. _____
If CPR EXP. _____	

Personal References (Not related to you)			
Name _____	Phone _____		
Address _____	Best time to call _____		
City _____	State _____	Zip _____	Yrs Acquainted _____
Name _____	Phone _____		
Address _____	Best time to call _____		
City _____	State _____	Zip _____	Yrs Acquainted _____

Active Member Applicants

Do you have any physical or mental conditions that could affect your ability to function under physically strenuous or mentally stressful situations? YES NO.

If you answer yes please provide a note from your physician stating that you, the patient, and other members of the squad would not be jeopardized due to exacerbation of your condition.

Esopus Ambulance recommends and offers free to members the Hepatitis B and Tetanus Vaccines and regular TB test.

Would you be interested in any of these. YES NO If you answer no you will be required to sign a waiver declining such.

Active members are required to sign up for a minimum of 6 hours of Duty time a week, what is your availability? Days Evenings Nights

Why do you want to become a member of Esopus Ambulance?

What other organizations do you belong to or have you belonged to in the past?

Members sponsoring this application (must be in good standing):

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

By signing below you attest to the following:

I certify that all information herein is correct. I authorize investigation of all statements and references which I have furnished as may be necessary and that if membership is accepted I will abide by the rules, regulations and By-Laws of the Esopus Ambulance Squad

Signature of Applicant

Date

For junior member applications (under 18 years of age) a parent signature is required.

I _____ the legal guardian of the applicant give permission to join the Town of Esopus Vol. Ambulance Squad Inc. I understand there are risks and obligations of such membership and understand that membership may be revoked at anytime in writing by the applicant or myself for any reason.

Print name _____ Phone _____ Address _____

Signature _____ Date _____

Date of applications first reading to membership _____

References contacted:

Name _____

Date _____ By _____

Reference given acceptable Yes No

Name _____

Date _____ By _____

Reference given acceptable Yes No

Drivers License check:

Date _____ By _____

Approved YES NO

Certifications Verified

Date _____ BY _____

Interview:

Date _____

Committee Recommendation Approve Disapprove

Comments _____

Committee Signatures

1) _____ Date _____

2) _____ Date _____

3) _____ Date _____

Second reading:

Membership was _____ by the members present. Date _____

President Signature

Secretary
