

TRI-COMMUNITY AMBULANCE SERVICE

APPLICATION FOR MEMBERSHIP

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Cell	Social Security No.		
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever been a member before?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Are you over 18 years of age?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If under 18 do you have parental permission? YES <input type="checkbox"/> NO <input type="checkbox"/>	
May we conduct a criminal background check?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, explain	

What type of membership are you Applying for? Active ☐ Social ☐ Junior (Ages 14-17) ☐

EMERGENCY MEDICAL TRAINING

Do you currently have a CPR/First Aid Card? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you currently have any New York State Certifications? EMT-B AEMT A-EMT-CC Paramedic	
Have you or have you ever been a member of any other Fire or Ambulance Company? YES <input type="checkbox"/> NO <input type="checkbox"/>	
You will be required to provide us with letter of recommendation from your President or Chief if you are currently Active If you were a former member of any other fire/EMS agency please provide a written description of why you left	
please list what company(s)	

REFERENCES

Please list three professional references. (not a relative)

Full Name	Phone ()
Address	
Full Name	Phone ()
Address	
Full Name	Phone ()
Address	

CURRENT EMPLOYER

Company	Phone ()
Address	Supervisor
Job Title	
May we contact your Employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

REQUIREMENTS

Active Member

- A minimum of 12 hours of service per month
- Current CPR/First Aid Course or Complete within 6 months
- Drivers must be over 20 years of age and take EVOC course, and be certified by Tri-Community Driver Trainer FTO program before operating any company vehicles.
- If you live outside the Tri-Community Service area you will be required to stay at the hall.
- Must attend 1 company meeting per quarter or have excuse into board of directors
- If qualified to drive must take EVOC, CEVO, or NDC within 2 years and be in driver FTO training program.
- Must be over 18 years old

Junior Member

- 14-17 Years old
- Maintain grades in school
- Have parental permission

Social Member

- Total of 13 hours per year - 5 hours at yearly fundraiser 8 additional hours

DISCLAIMER AND SIGNATURE

We understand that this is a volunteer organization however our standards are very high and require us to conduct ourselves as professionals.

I hereby represent and warrant that the answers to the above questions are true and correct and are given for the purpose of securing active membership in Tri-Community Ambulance Service, Inc. If elected to membership, I hereby agree to abide by the constitution, By Laws and regulations of Tri-Community Ambulance Service, Inc. I also certify that I have never been charged & convicted of a felony. Failure to be truthful will be grounds for immediate dismissal. This application must be approved at the regular monthly membership meeting following the receipt of this application.

I authorize Tri-Community Ambulance Service Inc. to obtain an investigative criminal record search, motor vehicle records search and registered sex offender search before membership is granted and at any time while I am a member. I authorize the release of information from previous or current employers and references. This investigation is strictly confidential. This report contains information compiled from sources believed to be reliable, but the accuracy of which cannot be guaranteed. I hereby hold Tri-Community Ambulance Service Inc. free and harmless of any liability for any damages arising out of any improper use of this information.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to membership, I understand that false or misleading information in my application or interview may result in my dismissal from the company.

I also understand that there is a \$10.00 non-fundable application fee that is due at the time this application is submitted.

I also understand all the requirements for membership that are listed above.

Signature

Date

Parent/Guardian Signature if
under 18 years old

Date

For Office use only

Date Application received: _____

\$10 Application Fee received: _____