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Hoags Corners Volunteer Ambulance

Application Information Sheet

(PLEASE PRINT LEGIBLY)

Name: _____ Date: _____

Birth Date: _____ Social Security Number: ____/____/____

Mailing Address: _____

(city) (state) (zip)

Street Address: _____

(city) (state) (zip)

Telephone: Home: _____ Work: _____ Cell: _____

E-mail address: _____ Pager number: _____

Driver's License Information:

DMV ID#: _____ State: _____ Class: _____

Expiration: _____ Endorsements or Restrictions: _____

Have you ever been convicted of a felony? _____ Yes _____ No

If Yes, please explain:

In case of emergency, who should be contacted?

Name: _____

Telephone Number: _____

Do you have an EMS certification from New York State? _____ Yes _____ No

Do you have an EMS certification from another state? _____ Yes _____ No

If Yes, what is your certification? _____ CFR _____ EMT _____ EMT-I

_____ EMT-CC _____ EMT-P

What is your certification number? _____

What is the expiration date? _____/_____/_____

If you are an EMT-I or higher, what is your REMO number? _____

How long have you been an EMS provider? _____

Have you, or do you currently, belong to another EMS agency? _____ Yes _____ No

If Yes, name of agency and contact person:

The Hoags Corners Volunteer Ambulance Company reserves the right to contact previous agencies for the use as references. I certify that the above answers are true and complete to the best of my knowledge.

Signature

Hoags Corners Volunteer Ambulance Training Information Sheet

In New York State you must have proof of current CPR training to keep your state certification. (If you do not hold a state EMS certification, but have current CPR training, please fill in the space provided).

What CPR training do you have? (eg. American Heart Assoc., American Red Cross, etc.)

Specify: _____ Expiration Date: ____/____/____

Do you have any additional training or continuing education?

Please specify:

Please provide copies of all continuing education credit certificates.

If needed, would you be interested in helping with training in a teaching capacity or as an assistant? _____ Yes _____ No