

# 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

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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:

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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