

# Owego Emergency Squad

PO Box 22

Owego, New York 13827

Business Phone: 607-687-1201/Fax: 607-689-0098

[www.owegoems.org](http://www.owegoems.org)

## Membership Application

### *Personal Information*

Name (First, Middle, Last): \_\_\_\_\_

Street Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Cell Phone Provider: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Social Security (Full)#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Are you a US citizen?	YES	NO
If no, are you authorized to live/work in the US?	YES	NO
Have you ever been convicted of anything more than a violation?	YES	NO

If yes, please explain: \_\_\_\_\_

Have you ever applied to this organization before?	YES	NO
Have you been a member of this organization prior?	YES	NO
Are you under 18?	YES	NO

If yes, school working papers are required to join.

### *Previous Medical Training*

Please list any previous medical certificates or licenses with issuer (include both provider and instructor Credentials): \_\_\_\_\_

### *Physical Limitations*

Describe any physical limitation that may affect your ability to function on an ambulance crew:

\_\_\_\_\_  
\_\_\_\_\_

### *Driving record*

Do you possess a valid drivers license?	YES	NO
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Driver's license number: \_\_\_\_\_ State of issue: \_\_\_\_\_ Expiration date: \_\_\_\_\_

List violations, accidents, suspensions or revocations during the last 36 months:

\_\_\_\_\_  
\_\_\_\_\_

**Occupation:**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_

**Education:**

High School: \_\_\_\_\_  
College: \_\_\_\_\_  
Other: \_\_\_\_\_

Submit photocopies of the following documents with your application:

- 1. Driver's license
- 2. Any EMS certifications/CPR Card (If applicable)
- 3. Any other documents which may be pertinent

**Disclaimer and signature:**

I, the undersigned hereby declare all statements and information in this application are true and complete, and understand that any untrue, misleading or deliberate omission or concealment may be grounds for refusal of membership. I understand that if I possess a NYS driver's license, that Owego Emergency Squad will be placing my driver's license in the NYS LENS program for validity monitoring.

I, the undersigned authorize Owego Emergency Squad to conduct a background investigation and to communicate with any individual or organization listed in this application.

\_\_\_\_\_  
Signature Date

**FOR OFFICE USE ONLY**

Date application received: \_\_\_\_\_

Recommendation of the Membership: APPROVE  NOT APPROVED   
Recommendation of the Board: APPROVE  NOT APPROVED   
Background Check PERFORMED  WAVED   
Application sent to Village Board: APPROVE  NOT APPROVED