



**Walden Ambulance Corp. dba
Town of Montgomery Ambulance**

**P.O. Box 25
Walden, N.Y. 12586-0025
Phone: (845) 713-4788**

Application

Personal Information:

Name: _____
Last First Middle

Mailing Address: _____
Street City / Town / Village State Zip

Physical Address: _____
Street City / Town / Village State Zip

Home Telephone: () _____ Cell Phone: () _____

Email address: _____ @ _____

Emergency Notification: _____
Name Relationship Phone

Date of Birth: _____ Age: _____ (may determine available positions)

Employment: _____ Position: _____

Position Desired:

Active Riding: EMT (18+) Driver (21+) Crew (18+) Apprentice (16-17)

Supporting Members: Social Junior (14-15)

Have you ever filed an application with us before? Yes No Date _____

Emergency Medical Services Training/Certification: EMT CFR CPR Only

New York State EMT Certification # _____ Exp. Date _____

Has your certification ever been suspended or revoked? Yes No If yes, attach explanation

Driving Experience:

Do you possess a valid NYS Driver's License? Yes No

NYS Driver's License ID # _____ Exp. Date _____

List below any traffic violations, accidents, suspensions and/or revocations you may have incurred over the past 10 Years (attach additional page if necessary)

Date Violation (give brief description)

Date Violation (give brief description)

Have you ever been convicted of a crime? Yes No If yes, attach explanation

Please submit photocopies of the following documents with your application:

1. Driver's License - Complete and sign attached Driver Abstract Form.
2. NYS EMT certification, CPR certification card, BBP, CEVO, EVOC, Hazmat, WMD



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Formal Education:

High School _____ Graduate? Yes No If no, grade: _____

College _____ Graduate? Yes No Degree _____

College _____ Graduate? Yes No Degree _____

Personal References: (These references should not be members of your family or household; please do not list members of the ambulance corps as references here, a location for them is provided below)

1. _____
Name Address Phone Email

2. _____
Name Address Phone Email

EMS/Fire Department Affiliation(s):

Organization Position Dates Supervisor name & Phone

Organization Position Dates Supervisor name & Phone

TOMAC Member Reference Name Relationship

Other Volunteer Experience:

Organization Position Dates Supervisor name & Phone

Organization Position Dates Supervisor name & Phone

Applicant's Statement: I certify that all the information provided is true and complete to the best of my knowledge. I authorize Town of Montgomery Ambulance personnel to investigate all statements and references that I have provided. In the event I become a member, I understand that upon discovery of false or misleading information given in this application or during any membership interview, my membership may be immediately terminated. I will return all ambulance corps property within seven days at the request of any officer upon my suspension or termination. In addition; I understand that I am required to follow all rules, regulations, policies, procedures and membership requirements of the corps. I also understand that my membership may be automatically terminated after 90 days of inactivity without prior notice. **Notice:** EMS agencies in NYS are required by law (Executive Law Section 837-s) to check applicants (who may be involved in the care or transportation of patients) personally identifying information against the Sex Offender Registry and make a determination of eligibility to become a member/employee pursuant to Correction Law Article 23-A.

Signature of Applicant

Date



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To be completed by Town of Montgomery Ambulance personnel only:

Date of interview: _____ Date beginning probation: _____

Interviewing trustee signatures:

Date Voted In By Membership: _____

(Please Put Month/Day/Year)

Notified by: Phone Mail In person Not accepted

(Number of Votes Received: Yes _____ No _____ Abstained _____ Total Votes _____)

Trustee Signature: _____

Operator Number Issued: _____

(Issued By Captain)



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Driver Abstract Form

Date: _____

Name: _____

Address on license: _____

Current Address: _____

Driver's License ID #: _____ State: _____

Date Issued: _____

Expiration Date: _____

Date of Birth: _____

Applicant's Statement:

I certify that the above information is true and factual. I understand that the Walden Ambulance Corp. dba Town of Montgomery Ambulance is obtaining this information for the purpose of a driver's license abstract and I authorize corps personnel to obtain this information prior to my acceptance as a member and as afterwards as they deem necessary. I understand that this information is confidential and will not be given to any other person and will remain part of my personnel file.

Signature

Please attach a photocopy of driver's license to this form.