



**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+) Junior (16-17)

Supporting Members: Social

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



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

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

**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



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

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

-----  
**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: \_\_\_\_\_ Date: \_\_\_\_\_

Operator Number Issued: \_\_\_\_\_

(Issued By Captain)

Captain Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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

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

## **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.**