

TRI-COMMUNITY AMBULANCE SERVICE, INC.

APPLICATION FOR MEMBERSHIP

Last Name	First	M.I.
Preferred Name		
Street Address	Years at Address:	
City	State	ZIP
Home Phone	E-mail Address	
Cell Phone:	Cell Phone Provider:	
Social Security No:	Driver's License/State Issued ID #	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/> If no, are you authorized to work in the U.S.?
		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been a member before?	YES <input type="checkbox"/>	NO <input type="checkbox"/> If so, when?
Are you over 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/> If under 18, do you have parental permission?
		YES <input type="checkbox"/> NO <input type="checkbox"/>
May we conduct a criminal background check?	YES <input type="checkbox"/>	NO <input type="checkbox"/> If no, explain
Have you been convicted of a criminal offense other than a minor traffic infraction?	YES <input type="checkbox"/>	NO <input type="checkbox"/> If no, explain

What type of membership are you Applying for? Active Social Junior (Ages 14-18)

EMERGENCY MEDICAL TRAINING

Do you currently have a CPR/First Aid Card? YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you currently have any New York State Certifications? EMT-B A-EMT A-EMT-CC Paramedic
Are you or have you ever been a member of any other Fire or Ambulance Company? YES <input type="checkbox"/> NO <input type="checkbox"/>
You will be required to provide us with letter of recommendation from the President or Chief of any or all past companies.
If yes, please list what company:
If applying for Active membership, can you meet all the job qualifications for a Basic Emergency Medical Technician, as stated by the New York State Department of Health? A Copy of the job description can be viewed online at the following site: http://www.health.state.ny.us/nysdoh/ems/pdf/srgemt.pdf or TCAS can provide you with separate document. If No, Please list the accommodations you would request:

REFERENCES

Please list three at least three references. The new member investigation committee will contact your references.

Full Name	Phone ()
E-Mail Address	
Full Name	Phone ()
E-Mail Address	
Full Name	Phone ()
E-Mail Address	

CURRENT EMPLOYER

Company	Phone ()
Address	Supervisor
Job Title	

May we contact your Employer for a reference? YES NO

Have you ever resigned from employment rather than face dismissal? If yes, please describe:

Additional Comments:

DISCLAIMER AND SIGNATURE

We understand that this is a volunteer organization, however our standards are extremely high and require us to conduct ourselves as professionals.

I hereby represent and warrant that the answers to the below questions are true and correct and are given the purpose of securing the active probationary membership or active probationary junior membership with Tri-Community Ambulance Service, Inc. If my application is approved, I hereby agree to abide by the constitution, and Bylaws, and Standard Operating guidelines of Tri-Community Ambulance. This application will be processed and be approved or denied by the new member investigation committee. If the applicant is approved for membership the member will be placed in active probationary membership. The new applicant will be on probation for one (1) year time. After the one-year time the probationary member will be brought to the company meeting for vote to approval member to be moved to active membership.

I authorize Tri Community Ambulance Service Inc to obtain an investigative criminal record search, motor vehicle records search and registered sex offender search before membership is granted and at any time while I am a member. I authorize the release of information from previous or current employers and references. This investigation is strictly confidential. This report contains information compiled from sources believed to be reliable, but the accuracy of which cannot be guaranteed. I hereby hold Tri Community Ambulance Service Inc free and harmless of any liability for any damages arising out of any improper use of this information. I certify that my answers are true and complete to the best of my knowledge.

Tri-Community Ambulance prohibits discrimination against its members, and applicants for membership on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, and sexual orientation. If this application leads to membership, I understand that false or misleading information in my application or interview may result in my dismissal from the company.

I also understand that there is a \$10.00 non-fundable application fee that is due at the time this application is submitted. Fee can be paid via Cash, Check, or Venmo @TriCommunity-Ambulance

I also understand that if I do not complete a new member orientation within 3 months of date application is accepted that I will be dropped from the company roles and must reapply.

I also understand all the requirements for membership and that I will be in probationary status for 6 months.

Signature	Date
Parent/Guardian Signature if under 18 years old	Date