



DRYDEN
FIRE | RESCUE



DRYDEN
AMBULANCE INC.



26 NORTH ST/PO Box 397
DRYDEN, NY 13053
(607) 844-8124

APPLICATION FOR VOLUNTEER MEMBERSHIP

| | | |
|------------------|--------|----------------|
| Name: | | Title: |
| Street Address: | | |
| City: | State: | ZIP Code: |
| Phone (cell): | | Phone (home): |
| E-mail: | | Date of Birth: |
| Driver License # | | State: |

Interested Position(s) Check all that apply

| | | |
|--|-------------------------------|---|
| Firefighter _____ | Fire Apparatus Operator _____ | Fire Rescue (EMS) _____ |
| Emergency Medical Technician (EMT) with Dryden Ambulance _____ | Administrative Support _____ | Other (Committees, Media Design, etc) _____ |

Employment

| | | |
|--|-----------------|-----------|
| Are you legally allowed to work in the US? | | |
| Current Employer: | | |
| Street Address: | | |
| City: | State: | ZIP Code: |
| Phone: | Employer Email: | |

Applicant's Background Information

| | | |
|---|-----|----|
| Are you a resident of the Town of Dryden? | Yes | No |
| Do you have reliable transportation to the station? | Yes | No |
| Have you ever been convicted of, or plead guilty to a felony? | Yes | No |
| If yes, state nature of conviction: | | |

Applicant's Emergency Service History

| | | |
|--|-----|----|
| Have you ever applied to or been a member of a fire or EMS department? | Yes | No |
|--|-----|----|

If yes, please list department(s) and location(s):

List any **current** licenses or certifications (CPR/First Aid, EMT, CEVO/EVOC, BEFO/IFO, etc.)

Other Relevant Experience:

| References | | |
|--|-----------|--------|
| List 3 character references we may contact (not related to you) | | |
| Examples: employer, professor/teacher, person affiliated with the department | | |
| Name: | | Title: |
| Street Address: | | City: |
| State: | ZIP Code: | Phone: |
| Relationship to you: | | Email: |
| | | |
| Name: | | Title: |
| Street Address: | | City: |
| State: | ZIP Code: | Phone: |
| Relationship to you: | | Email: |
| | | |
| Name: | | Title: |
| Street Address: | | City: |
| State: | ZIP Code: | Phone: |
| Relationship to you: | | Email: |
| | | |
| Additional Information: | | |
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I do hereby warrant that I have not withheld information any information that would influence the judgement of the company in considering this application. I agree, if accepted to probationary status, to abide by the by-laws set forth by said company. I understand that failure to do so may result in denial of permanent status to Neptune Hose Co. No.1, Inc., and/or Dryden Ambulance Inc. Further I understand that discovery of false information provided by me for this application can result in termination of membership of Neptune Hose Co No. 1, Inc. and or Dryden Ambulance Inc. at any time.

Please note Neptune Hose Co. No. 1, Inc. requires a physical (at the department's expense) upon acceptance of membership.

Signature _____ Date _____

****If under the age of 18, please have parent or legal guardian complete the following****

Date of Birth (applicant) ____/____/____

Parent/Guardian (print) _____

Parent/Guardian (signature) _____