

# Application for Membership

## Greater Baldwinsville Ambulance Corps.

P.O Box 744  
Baldwinsville, NY 13027

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Even though you do not have to work only these shifts, for scheduling purposes when do you plan on riding at GBAC:

Sunday\_\_\_\_ Monday\_\_\_\_ Tuesday\_\_\_\_ Wednesday\_\_\_\_ Thursday\_\_\_\_ Friday\_\_\_\_ Saturday\_\_\_\_

Days\_\_\_\_ Evenings\_\_\_\_

Are you willing to have the required physical examination? Yes No

Are you willing to have a required Background Check? Yes No

Please list any other certifications/degrees that you feel would be beneficial to GBAC (PALS, ACLS, PHTLS, RN, LPN, etc.)

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

Yes, please list any affiliations you have had in the past with any other Ambulance Corps, Fire Department, or Emergency Service Unit. May we contact them? Yes No

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

Have you ever had your membership revoked from an organization or your certifications suspended or revoked? (Yes does not mean automatic disqualification)                      Yes                      No

If yes, please explain:

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Do you have a Driver's License?                      Yes                      No                      License Number \_\_\_\_\_

In a few sentences, please explain why you want to become a member of the Greater Baldwinsville Ambulance Corps:

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Your application will be considered complete when we receive three letters of reference (attached) from work, school, personal life (family members will NOT be accepted nor will family members of significant others). In the meantime, our OSHA Office will be in contact with you.

I authorize the Greater Baldwinsville Ambulance Corps or its designee to investigate my background, including but not limited to my driving and criminal history record. To the best of my knowledge, I attest that the above information is true and understand that I may be held accountable for any false statements made in the application.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Greater Baldwinsville Ambulance Corps Reference Letter

Date \_\_\_\_\_

\_\_\_\_\_ is apply for membership in the Greater Baldwinsville Ambulance Corps and has given your name as a reference. We would appreciate it if you could take a few moments and complete this form for him/her. Your comments will be kept strictly confidential.

How long have you know the applicant?

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

What is your relationship with the applicant?

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

Do you feel this applicant will make a good candidate for Emergency Medical Services? \_\_\_\_\_  
Please Explain \_\_\_\_\_

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

Please comment briefly on your feeling regarding this applicant's character, and please be honest.

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

Please feel free to add additional comment to the reverse side. Thank you for your time.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_  
Date \_\_\_\_\_ Phone Number \_\_\_\_\_ Best Time to call \_\_\_\_\_

Sincerely;  
The Membership Committee

Please mail to:  
Greater Baldwinsville Ambulance Corps  
Attn: Membership Committee  
P.O. Box 744  
Baldwinsville, NY 13027



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