

Dear Applicant,

Thank you for your interest in joining the Mastic Beach Ambulance Company. Please fill out the enclosed application and return it to the Membership committee.

Please do not forget the last page must be notarized and a copy of your current driver's license attached.

Thank you again for your interest in joining our company, if there are any questions please call 631-399-0319.

Sincerely,

Membership Committee
Mastic Beach Ambulance Company

Mastic Beach Ambulance Company

Membership Application

P.O. Box 513 Mastic Beach, New York 11951

Date Received _____

Background sent _____

Background received _____

Date of Application _____

Last Name _____ First _____ M.I. _____

Home Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Cell Phone _____

Date of Birth _____

Social Security Number _____

NY Driver's License Number _____ (All Applicants must have NYS driver's license)

Class _____ Expiration Date _____

Have you ever been a member of the Mastic Beach Ambulance Company? Yes or No

If yes when? _____

Have you ever been affiliated with any other emergency service organization?

Yes or No If yes whom? _____ Town _____

What type of membership are you interested in?

Active	Auxiliary	Associate
(Ride 10 hrs per week)	(Ride 6 Hrs per week)	(Committees only no riding)
voting Privileges	No voting privileges	limited voting privileges

For more information see next page

Please list the days and times you would be available to volunteer.

Weekdays _____ Hours _____

Weeknights _____ Hours _____

Weekends _____ Hours _____

On what date would you be available to begin? _____

Active Membership:

1. Must complete 10 hrs of duty per week.
2. Must attend mandatory trainings. (ex. OSHA, HazMat/WMD, MCI, CPR/FA & EVOC)
3. Must obtain 4 points per month to remain in good standing for quarterly review.
4. Complete his/her probationary status of six months at which time voting privileges will be granted.
5. Receive an affirmative vote by the majority of the active membership present at the company meeting at which application for active membership is presented.
6. Abide by the By-Laws of M.B.A.C.
7. May not be a volunteer member or a current member of another EMS organization. Not including for profit EMS agencies.
8. Are entitled to attend all M.B.A.C. functions.
9. Are eligible to run for elected positions once they have reached each position criteria.

Auxiliary Membership:

1. Must complete 6 hrs of duty per week except during the 1800-2400 time, when three or more active members are on that duty shift. Or 15% of all calls between 0000-1800 hrs.
2. Must attend mandatory trainings (ex. OSHA, HazMat/WMD, MCI, CPR/FA & EVOC).
3. Auxiliary Members shall be entitled to attend all M.B.A.C. functions.
4. Are not eligible for elected positions.
5. Have no voting privileges.

Associate Membership:

1. Must contribute money, property or talents that will help promote the cause of the Mastic Beach Ambulance Company.
2. Must join committees
3. If in good standing will be entitled to attend all M.B.A.C. functions.
4. To remain in good standing an associate member can not miss more than two consecutive meetings of their committee.
5. Must attend 9 out of 12 company meetings.
6. Associate members are allowed one vote in election and general business providing they have attended 9 of 12 company meetings.

Employment

Occupation _____

Name of present employer _____

Address _____

Name of Supervisor _____

Work Phone _____

Length of employment _____

May we call you employer? YES or NO

Education

	Name of Schools	Dates attended	Diploma Rec.	Major
High School				
College				
Graduate				
Trade				
Other				

Please list any special Medical Emergency Training certification you may already have. _____

Military Service

Branch of Service _____ Date of Entry _____

Date of Discharge _____ type of Discharge _____

The Explanation of Discharge if anything other than Honorable. _____

Present Military Status. _____

Medical History

Have you ever had any serious illness, operations or disabilities during your life time? YES or NO

If Yes, Please Explain _____

Do you have any impairment, physical, mental, or medical which would interfere with your ability to perform your duties for which you have applied? YES or NO

If yes please explain _____

Would you allow the Ambulance Company to obtain information regarding your medical history? YES or NO

References

List three references, who do not reside with you that we may contact. Include Name, Address and phone number.

1. _____

2. _____

3. _____

Mastic Beach Ambulance Company

P.O. Box 513

Mastic beach, New York 11951

County of Suffolk Police Dept.
30 Yaphank Avenue
Yaphank, New York 11980
Attn: D/Lt. Kevin M. Brennan

Date: _____

I herby authorize the Suffolk County Police Department to perform an arrest and driver's records check **including sealed records**, if any, and I authorize the release of this information directly to the above named ambulance company.

NAME _____

ADDRESS _____

DOB _____ SOCIAL SECURITY _____

NYS DRIVER LICENSE # _____

(ENCLOSE PHOTO COPY OF LICENSE)

SIGNATURE _____

Sworn to before me this

Date _____

NOTARY PUBLIC

This form was set up by the Suffolk County Police Department