



Mastic Beach Ambulance Company

Youth Squad Application

P.O. Box 513 Mastic Beach, New York 11951 (631) 399-1376

Name _____

Address _____

Town _____ Zip code _____

Home Phone # (____) _____ Cell Phone # (____)

E-Mail Address Student _____

E-Mail Address Parent _____ (optional)

Date of Birth _____ Age now _____

School attending _____ Grade _____

In case of emergency contact _____ phone

Relationship to student _____

Do you have any physical impairment that would prevent you from participating in Youth Squad activities? If yes please list

List any Medical training you already have (i.e. First aid, CPR etc.)

Your reason for joining Youth Squad

Do you work? Yes _____ No _____ Part time/ full time

Date of application _____

Student's signature

Parent/guardian signature
