

MASTIC BEACH AMBULANCE COMPANY
P.O. BOX 513
MASTIC BEACH, NY 11951
(631) 399-1376
(631) 399-1385 FAX

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 631-399-1376 or email us at FirstAsstChief@masticbeachambulance.com

Sincerely,
Membership Committee
Mastic Beach Ambulance Company

Mastic Beach Ambulance Company Membership Application

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

Date _____
Last Name _____ First _____ M.I. _____
Date of Birth _____
Address _____
City _____ State _____ Zip _____
Home Phone _____
Cell Phone _____ Cell Provider _____
Email Address _____
Best Method to Contact You _____ Time of Day _____

Have you ever been a member of the Mastic Beach Ambulance Company? YES or NO If yes when? _____

Have you ever been a member of the Mastic Beach Ambulance Company Youth Squad? YES or NO If yes when? _____

Have you ever been affiliated with any other emergency service organization (Fire/EMS/Civil Air Patrol/Police Aux./ETC)? YES or NO If yes whom? _____ Location _____

Have you ever been affiliated with any other emergency service youth organization (Youth Squad/Juniors/Explorers/ETC)? YES or NO If yes whom? _____ Location _____

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

Weekdays _____ Hours _____

Weekends _____ Hours _____

On what date would you be available to begin? _____

APPLICATION NOTES:

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

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

Do you have any severe allergies that we should be aware of? _____

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 hereby 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 Suffolk County Police