



BROOME VOLUNTEER EMERGENCY SQUAD
P.O. BOX 599 * BINGHAMTON, NEW YORK 13902
BUSINESS (607) 772-6565 * FAX (607) 772-7154

MEMBERSHIP APPLICATION

Position Applying For: Paid Volunteer

Name: _____ Date of Birth: _____

Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Social Security #: _____ Motorist ID Number: _____ State _____

Email address: _____

EMPLOYMENT HISTORY

Current Employer: _____

Employers Address: _____

Employers Phone #: _____ Dates employed: _____ to _____

Supervisors Name: _____ title: _____

Previous Employer: _____

Employer's Address: _____

Employer's Phone #: _____ Dates employed: _____ to _____

Supervisors Name: _____ title: _____

Previous Employer: _____

Employers Address: _____

Employers Phone #: _____ Dates employed: _____ to _____

Supervisors Name: _____ title: _____

VOLUNTEER EXPERIENCE

Current Organization: _____

Organization Address: _____

Organizations Phone #: _____ Dates employed: _____ to _____

Supervisors Name: _____ title: _____

Current Organization: _____

Organization Address: _____

Organizations Phone #: _____ Dates employed: _____ to _____

Supervisors Name: _____ title: _____

Current Organization: _____

Organization Address: _____

Organizations Phone #: _____ Dates employed: _____ to _____

Supervisors Name: _____ title: _____

PERSONAL REFERENCES

Please list two other non-relative references below. Include address and phone numbers where the references can be reached.

Name: _____

Address: _____

Relation: _____ Years Known: _____

Name: _____

Address: _____

Relation: _____ Years Known: _____

EDUCATION HISTORY AND CERTIFICATIONS

High School: _____

City and State: _____ From: _____ to _____

College: _____

City and State: _____ From: _____ to _____

Other: _____

City and State: _____ From: _____ to _____

Please attach copies of your certifications, if any

CPR expiration Date: _____

NY - EMT expiration Date: _____

Out of state EMT expiration Date: _____

State Held: _____

EVOC operator course (if taken also please attach copy of certificate)

I do assert that all the above information is true to the best of my knowledge. I will also produce any other information necessary to the organization for processing my application.

Signed: _____ Date: _____

ADMINISTRATION USE ONLY:

Application Received By: _____ Date: _____

Application forwarded to membership chairperson: _____ (please initial)

Approved : _____ Denied: _____ Reason: _____

Disclosure and Release

In connection with my application for membership or employment (including contract for services with Broome Volunteer Emergency Squad), I hereby understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, license suspensions, and revocations.

I, _____, authorize without reservation any party or agency contacted to furnish the above-mentioned information.

I have the right to obtain information as to the name, address, and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the name and substance of all information in its files on me at the time of my request, including all sources of information as well as the recipients of any reports on me which the agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for the organization to procure Motor Vehicle Reports at any time during my employment, membership, or contact period.

Printed Name: _____ SSN: _____

Signature: _____ Date: _____

DL Number: _____ State: _____ DOB: _____

Address: _____

OFFICE USE ONLY (date and initial)

Background submitted: _____ License submitted: _____

Background received: _____ License received: _____

Approved

Denied

Approved

Denied