



W.F. BRUEN RESCUE SQUAD

Serving East Greenbush Since 1937

Phone: 518-477-8243
Fax: 518-479-4172
116 Red Mill Rd.
Rensselaer, NY 12144
www.BruenRescue.org

Membership Application

Name: _____ Email: _____

Address: _____

How long have you lived at the present address: _____

Home Phone #: _____ Mobile Phone #: _____

Date of Birth: _____ MM/DD/YYYY Social Security #: _____

Driver's License #: _____ State of Issue: _____ DL Expiration Date: _____ MM/DD/YYYY

Current Employer: _____

Current Employer Address: _____

List any organizations you have belonged to in the past 5 years and any offices you may have held

- _____
- _____
- _____

How would you rate your current physical condition? Excellent Good Fair Poor

List Any Physical Limitations: _____

Current Certifications (Provide copies of current cards with application)

NYS EMT Number: _____ Exp Date: _____ EMT AEMT-I AEMT-CC AEMT-P
 BLS HCP Exp Date MM/YY ACLS Exp Date MM/YY PALS Exp Date MM/YY
 PHTLS Exp Date MM/YY AMLS Exp Date MM/YY CCEMTP Exp Date MM/YY

References (Non Relatives/Employers)

1. Name: _____	Phone #: _____
Address: _____	City: _____ State: _____ Zip: _____
2. Name: _____	Phone #: _____
Address: _____	City: _____ State: _____ Zip: _____
3. Name: _____	Phone #: _____
Address: _____	City: _____ State: _____ Zip: _____

In 150 words or less, please describe why you would like to work at WFB Rescue Squad: (use additional paper if necessary)

Empty text area for describing interest in WFB Rescue Squad.

Authorization,

I certify that the facts contained in this application are true and complete to the best of my knowledge, and I understand that if accepted, the falsified statements on this application shall be grounds for dismissal. I authorize the investigation of all statements contained herein and the references, organizations and employers listed above, to give you any and all information concerning my previous employment and memberships and any pertinent information they may have, personal and otherwise, and release the organization from all liability for any damage that may result from utilization of such information. This waiver does not permit the release or use of disability-related or medical information, a manor prohibited by the Americans with Disabilities Act (ADA), and other relevant federal and state laws.

By signing this document I, _____ Print Name Clearly _____ also give the W.F. Bruen Rescue Squad my permission to run a background – to include driver’s license audit on me.

I, _____ Print Name Clearly _____ Hereby apply for membership in the W. F. Bruen Rescue Squad. If elected into Membership, I agree to obey all policies and procedures approved by W.F. Bruen and the bylaws of this organization.

Signature: _____

Date:

Grid for date entry: D D M M Y Y Y Y

FOR OFFICE USE ONLY

Date received by WFB Supervisors: _____

Grid for date received by WFB Supervisors: D D M M Y Y Y Y

Date and time available for an interview: _____

Grid for date and time available for an interview: D D M M Y Y Y Y

Staff present at Interview:

Comments:

Table with 2 columns: Staff present at Interview, Comments. Multiple empty rows for data entry.

Date Probation Begins: _____ Date Probation Ends _____

Date Resigned or Removed: _____

Good Standing: Yes No

If no, state reason/circumstances:

Empty text area for providing reasons for resignation or removal.