



# W.F. BRUEN RESCUE SQUAD

Serving East Greenbush Since 1937

## JUNIOR 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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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)

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: 

D	D	M	M	Y	Y	Y	Y
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FOR OFFICE USE ONLY							
Date received by WFB Supervisors:	D	D	M	M	Y	Y	Y
Date and time available for an interview:	D	D	M	M	Y	Y	Y
Staff present at interview:	Comments:						
Date Probation Begins: _____				Date Probation Ends _____			
Date Resigned or Removed: _____		Good Standing: Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, state reason/circumstances:			

I, \_\_\_\_\_ am the parent/guardian of \_\_\_\_\_, who was born on \_\_\_/\_\_\_/\_\_\_, to participate in the activities associated with the W.F Bruen Rescue Squad, Inc. I will be available at the following number for any situation that might arise ( ) \_\_\_ - \_\_\_ to discuss any concerns or activities that my child participates in. As a parent/guardian, I affirm that I have been completely Informed and I understand the basic structure and activities associated with emergency service participation, and do not need to be informed of each activity.

Signature: \_\_\_\_\_ . To be signed **AFTER** interview with W.F. Bruen Rescue Squad official.