



W.F. BRUEN
RESCUE SQUAD
Serving East Greenbush Since 1937

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: _____

