



# DUANESBURG AMBULANCE

P.O. Box 130, 130 Cole Road  
Delanson NY 12053  
(518) 895-2200  
Fax (518) 895 2800

**SERVING OUR NEIGHBORS 24 HOURS A DAY**

## Application for Membership / Social Committee

*Please complete and return application with membership dues of \$5.00*

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**NYS Drivers License #** \_\_\_\_\_ **Date of Birth** (mm/dd/yy) \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Desired Membership Status** (*circle*)    Medical    Social Committee    Medical Support    Bunk-In

**Do you have a current CPR card?** \_\_\_\_\_ Yes \_\_\_\_\_ No    **Expiration Date:** \_\_\_\_\_

**NYS EMT / CFR:**    **EMT / CFR #** \_\_\_\_\_    **Expiration Date:** \_\_\_\_\_

Certified First Responder     Basic     Advanced     Critical Care Tech     Paramedic

**Driving Courses** \_\_\_\_\_

**Other Medical Qualifications** \_\_\_\_\_

**Reason for wanting to join Duanesburg Ambulance:** \_\_\_\_\_

Distance from Home to DVAC: \_\_\_\_\_ Miles \_\_\_\_\_ Minutes

Please circle the time you would be available for Ambulance Duty (EMT / Assistant / Driver)

00:00-06:00

06:00-12:00

12:00-18:00

18:00-00:00

Weekdays: Monday

Tuesday

Wednesday

Thursday

Friday

Weekends: Saturday

Sunday

Have you ever been arrested?

Yes No

Have you ever been convicted of a felony?

Yes No

Have you ever been convicted of a DWI or DWAI?

Yes No

If yes, please let date: \_\_\_\_\_

Membership Sponsor: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**INTERNAL USE ONLY:**

Date Application Read at Membership or Annual Meeting \_\_\_\_\_

Drivers License Check Done by: \_\_\_\_\_ Date: \_\_\_\_\_

Three Month Probationary Period: Begin: \_\_\_\_\_ End: \_\_\_\_\_

Membership Vote Date: \_\_\_\_\_