



*Cobleskill Rescue Squad*  
*PO Box 451*  
*Cobleskill, NY 12043*  
*(518)234-2424*

**APPLICATION FOR MEMBERSHIP**

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

D.O.B \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DO YOU HOLD A VALID NYS LICENSE? \_\_\_\_ YES \_\_\_\_ NO

NYS ID # \_\_\_\_\_ LICENSE CLASS \_\_\_\_\_

- ARE YOU A FULL TIME RESIDENT OF COBLESKILL AREA? \_\_\_\_ YES \_\_\_\_ NO  
IF NOT, PLEASE EXPLAIN THE GENERAL TIMES WHEN YOU ARE IN RESIDENCE:

\_\_\_\_\_

- HAVE YOU BEEN CONVICTED OF OR PLEAD TO ANY FELONY? \_\_\_\_ YES \_\_\_\_ NO
- HAVE YOU BEEN CONVICTED OR CHARGED WITH ANY MISDEMEANOR IN THE LAST TEN YEARS RELATED TO SEX, ASSAULT OR VIOLENCE, DRUGS, THEFT OR FRAUD?  
IF YES, PLEASE EXPLAIN

\_\_\_\_\_

- WHAT OR WHO HAS INTERESTED YOU IN JOINING THE RESCUE SQUAD?

\_\_\_\_\_

- WHAT ARE YOUR EXPECTATIONS OF THE SQUAD?

\_\_\_\_\_

- IN GENERAL, WHAT DAYS AND TIMES ARE YOU AVAILABLE?

\_\_\_\_\_

- DO YOU HAVE ANY HOBBIES, INTERESTS, OR SPECIAL SKILLS WHICH YOU FEEL MAY BE OF BENEFIT TO YOU IN YOUR WORK FOR THE RESCUE SQUAD?

\_\_\_\_\_

- DO YOU HAVE ANY PHYSICAL OR OTHER LIMITATIONS, OR PREVIOUS INJURIES OR ILLNESSES, WHICH MAY AFFECT YOUR PARTICIPATION? \_\_\_\_ YES \_\_\_\_ NO  
IF YES, PLEASE EXPLAIN:

\_\_\_\_\_

\_\_\_\_\_



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- **WHAT EMS CERTIFICATIONS DO YOU HOLD AT PRESENT, INCLUDING YOUR LAST CPR/FIRST AID, IF ANY?**

LEVEL OF CERTIFICATION	CERTIFICATION NUMBER	CERTIFICATION EXPIRES

*(Please present the original CFR/EMT/AEMT Card with your application so that we may make a photocopy of it.)*

- **ARE YOU CURRENTLY TAKING ANY EMS COURSE?**

TYPE OF COURSE	COURSE LOCATION	COMPLETION DATE

- **HAVE YOU TAKEN ANY OTHER TYPE OF FIRE, EMS OR RELATED TRAINING? (E.g. Hazmat, Special Rescue courses, etc.)**

TITLE OF PROGRAM	DATES

*(Please attach a copy of any of these certificates. Use last page for any additional)*

- **DO YOU HAVE ANY OTHER HEALTH RELATED CERTIFICATIONS/LICENSES?**

TYPE OF CERTIFICATION OR LICENSE	ISSUED BY	EXPIRES

- **PLEASE LIST THE PERSON TO BE NOTIFIED IF YOU BECOME ILL OR INJURED WHILE VOLUNTEERING FOR THE RESCUE SQUAD:**

Name	Relationship		
Address			
Town	State	Zip Code	
Daytime Telephone (    )		Evening Telephone (    )	

- **PLEASE LIST THE NAMES AND ADDRESSES OF TWO PERSONAL REFERENCES (No relatives please)**

Name	Relationship
Address	
Telephone	

Name	Relationship
Address	
Telephone	



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- **PLEASE LIST NAMES AND ADDRESSES OF ALL EMS OR HEALTH-RELATED ORGANIZATIONS/AGENCIES FOR WHICH YOU HAVE BEEN EMPLOYED OR VOLUNTEERED**

<b>Agency Name</b>
<b>Address</b>
<b>Business Telephone</b>
<b>Your Job Title</b> <span style="float: right;"><b>Name of Supervisor</b></span>
<b>Dates of Employment/Membership</b>

<b>Agency Name</b>
<b>Address</b>
<b>Business Telephone</b>
<b>Your Job Title</b> <span style="float: right;"><b>Name of Supervisor</b></span>
<b>Dates of Employment/Membership</b>

<b>Agency Name</b>
<b>Address</b>
<b>Business Telephone</b>
<b>Your Job Title</b> <span style="float: right;"><b>Name of Supervisor</b></span>
<b>Dates of Employment/Membership</b>

*(Please use last page if additional space is needed)*

***I, THE APPLICANT WHO'S NAME APPEARS BELOW THIS STATEMENT, ACKNOWLEDGE THAT THE INFORMATION I HAVE GIVEN IN THE ABOVE APPLICATION IS COMPLETE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.***

***I HEREBY APPLY FOR MEMBERSHIP IN THE RESCUE SQUAD. I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE STANDARD OPERATING POLICIES AND PROCEDURES OF THE ABOVE-NAMED AGENCY, AND IF, ACCEPTED AS A MEMBER, AGREE TO ABIDE BY THE BYLAWS AND STANDARD OPERATING POLICIES AND PROCEDURES.***

***I HEREBY CERTIFY THAT I HAVE NO MEDICAL OR OTHER CONDITIONS THAT WOULD PREVENT ME FROM FULFILLING THE RESPONSIBILITIES OF THE POSITION FOR WHICH I AM APPLYING, AS SPECIFIED IN THE JOB DESCRIPTION.***

***I AUTHORIZE ALL PREVIOUS EMPLOYERS, FIRE DEPARTMENTS OR RESCUE SQUADS OF WHICH I HAVE BEEN A MEMBER, TO RELEASE ANY INFORMATION REGARDING MY WORK RECORD, PROFESSIONAL QUALIFICATIONS, AND CHARACTER.***

**APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**



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To your application please attach:

- Copy of your current EMT/AEMT card
- Copy of your current CPR card
- Copy of your current driver's license
- Copy of your Fire Certificates