



Nunda Volunteer Ambulance Service

of the Nunda Fire Department, Inc.

29 North State Street, PO Box 652, Nunda, NY 14517

Initial Membership Application Form

Applicant's Name : _____

Street Address : _____

City/State/Zip : _____

Telephone : Home : (_____) _____ - _____ Work : (_____) _____ - _____

Cell : (_____) _____ - _____ Email : _____

Social Security # _____ - _____ - _____ Date of Birth : _____ - _____ - _____

I am requesting the opportunity to enroll in the American Red Cross Emergency Response course offered by the Nunda Volunteer Ambulance Service and I understand that my six month probationary period will begin upon the successful completion of that course.

I am requesting Merit Membership status to the Nunda Volunteer Ambulance Service and wish to enroll in the New York State Certified First Responder or the New York State Emergency Medical Technician courses. I understand that my six month probationary period will begin upon the successful completion of the NYS CFR or EMT course and issuance of the official certificate. I further acknowledge that I will need to possess a valid CPR/AED card before I can participate as an observer on any ambulance call.

I currently possess the following certifications:

NY State Emergency Medical Technician (EMT) : Number : _____ Expires : _____

NY State Certified First Responder (CFR) : Number : _____ Expires : _____

American Red Cross Emergency Response certification : Expires : _____

American Red Cross or American Heart Association CPR/AED certification : Expires : _____

- I agree to abide by the rules and regulations set forth by the Constitution, By-Laws, and Standard Operating Guidelines of the Nunda Volunteer Ambulance Service.
- I acknowledge that I will be serving a six month probationary period, prior to permanent membership, and I agree to fulfill my duties to become a permanent member of this Service.
- I further acknowledge that I am responsible for continued education and advancement according to New York State EMS protocols, as recommended by the officers of the Nunda Volunteer Ambulance Service.
- I understand that I must obtain a sponsoring endorsement from an active member of the Nunda Volunteer Ambulance Service to be considered for membership: Sponsoring Member : _____

I have been convicted of a crime (*not including traffic violations*): If checked, please provide details below:

Applicant's Signature : _____ Date : _____

You can submit this application electronically; however you will be required to provide an original signed copy prior to final approval.