

Westhampton War Memorial Ambulance Association
3 Hazelwood Avenue
Westhampton Beach, NY 11978
(631) 288-1760

APPLICATION

Date _____

1. _____
(Last Name) (First Name) (M.I.)

2. _____
(Address) (Apt./Suite No.)

(City, Town, Village) (State) (Zip code)

3. Telephone: (____) _____ (____) _____ (____) _____
(Home) (Work) (Cell)

E-Mail: _____

4. How long have you resided at the above address? Years: _____ Months: _____

5. How long have you resided in New York State? Years: _____ Months: _____

6. Are you 18 years of age or older? Yes ___ No ___ If NO, state your age. _____

7. Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership?

Yes ___ No ___ If "Yes," explain.

8. Are you currently employed? Yes ___ No ___

If "Yes" give organization information below. May we contact your organization as a reference? Yes _____ No _____

Name of Company _____

Address _____ Telephone _____

9. Do you have a valid New York State Drivers License? Yes _____ No _____

10. Please indicate your availability to participate in normally required ambulance activities (meetings, drills and emergency calls.)

Please check appropriate time periods.

Week Days: Days _____ Evenings _____ Nights _____

Weekends: Days _____ Evenings _____ Nights _____

11. Previous emergency services experience: (include only fire, rescue, police, and emergency medical service agencies).

Name of Agency _____

Address _____

EMT Certification Number and Expiration _____

Contact Person _____ Telephone _____

(If more space is needed, please identify on attached sheet)

12. Have you ever been a member of the United States Armed Forces? Yes _____ No _____

If the answer is "Yes", did you receive a dishonorable discharge? Yes _____ No _____

Dishonorable discharge is not an absolute bar to membership. This and other factors will effect a final membership decision.

If the above is "Yes", give complete details in the space provided for additional information on the last page (include service branch and service dates).

13. Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? Yes _____ No _____

If "Yes", give details on the attached sheet.

14. Please list three personal references, other than members of this organization, who have known you for at least 3 years.

Name: _____ Tel:# _____

Address: _____

Name: _____ Tel:# _____

Address: _____

Name: _____ Tel:# _____

Address: _____

15. Please list the names of any acquaintances that are members of this organization:

16. Regulations require that you pass a physical examination that includes a drug screen before becoming an ambulance volunteer. The department's physician will provide you with a free medical examination. Will you be willing to undergo a medical examination?
Yes _____ No _____

17. Please attach a copy of your drivers license.

ADDITIONAL INFORMATION

**WITHIN THE FREEDOM OF INFORMATION LAW, ALL
INFORMATION CONTAINED/OR OBTAINED HEREIN WILL
REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR
INTERNAL MEMBERSHIP PROCESSING**

IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED THIS
____ DAY OF _____, 20____ BY THE UNDERSIGNED APPLICANT WHO
AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE
PENALTIES OF PERJURY.

APPLICANT SIGNATURE _____

DATE _____

WITNESSED BY _____

DATE _____

PRIVACY NOTIFICATION

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information which will be maintained in record system is collected from you.

The authority to request and confirm personal information about you is found in Article 6 of the Executive Law.

The information obtained will:

Be used to determine your qualifications for the position for which you are applying;

Be maintained in your personnel file (if you become a member) or in our resume file for six months (if you are not a ambulance member).

Failure to provide the information or authorization will result in your application not being considered for membership.

The information will be maintained by the secretary of the Westhampton War Memorial Ambulance Association.

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with WWMAA, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former organizations, and the military services to disclose their relevant records about me to WWMAA whether the information be of public, private or confidential nature; and I release them from any liability and responsibility from doing so.

A criminal background check and sex offender registry check will be conducted within ten (10) days of receipt of application by the Chief.

This authorization, in original copy form, shall be valid for this and any future information, reports or updates that may be requested.

I understand that this form will accompany requests for official documents and confirmations of my credentials.

Applicant Name (Please Print)_____

Applicant's Signature Date_____

Witnessed by_____

Name and Title (Please Print)_____

Signature_____

Date_____

DRIVING RECORD ABSTRACT RELEASE

In connection with my membership or employment with the Westhampton War Memorial Ambulance, I understand that a driver's license abstract may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, license suspensions and revocations.

I AUTHORIZE ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to obtain information as to the name, address and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as the recipient(s) of any reports on me which the agency has furnished within the two (2) year period preceding my request.

This authorization shall remain on file and serve as ongoing authorization for the organization to procure Motor Vehicle Reports at any time during my active membership in the organization.

Print Name _____

Signature _____

Date _____

Driver's License Number _____

State _____