

Kerhonkson Accord Membership



First Aid Squad Application

Name: _____ Age: _____ D.O.B.: _____
Address: _____ City: _____ State & Zip: _____
Home Phone #: _____ Driver's ID: _____ Class: _____
Occupation: _____ Work #: _____ Social Security #: _____

- 1) Any previous First-Aid experience? Yes/No (Please circle one)
 - 2) Any training in First-Aid? Yes/No (Please circle one)
 - 3) Have you belonged to any EMS organization before? Yes/No If yes to any, please explain on back
 - 4) Position you are applying for: Driver/First-Aider (Please circle one)
 - 5) Do you have any illness or disability or medication?
(example: asthma, diabetes, high blood pressure) If yes, please explain on back.
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References

Please list three references who are not family or closely related.
You may use your employer, friends or co-workers.

- 1) Name: _____ Address: _____
Phone #: _____ Connection: _____ Years Known: _____
 - 2) Name: _____ Address: _____
Phone #: _____ Connection: _____ Years Known: _____
 - 3) Name: _____ Address: _____
Phone #: _____ Connection: _____ Years Known: _____
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Do you understand that you are required to serve a Four (4) Month probationary period before being admitted to active membership? This includes trainings and business meetings and responding to at least six (6) calls with the duty crew as a First Aider and at least twelve (12) calls with duty crew as a driver (You must have driven 12 times not ride along!) Yes/No

Do you agree to live up to and support the ideas of the First Aid Squad, to be bound by it's constitution and by-laws, to make yourself available for at least 12 hours, for the weekdays and one weekend coverage per month on assigned shift with a crew, and to hold yourself in readiness when available? Yes/No

Have you ever been convicted on a misdemeanor or a felony or and crime? Yes/No

This is to certify that I have read all the above information and have answered each of them truthfully, knowing that the investigative committee will act in reliance thereon?

Signature: _____ Date: _____

FEDERAL DRIVER PRIVACY PROTECTION ACT
Authorization to Obtain Motor Vehicle Record

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to State and Federal regulations of compliance,

I, _____, authorized
(print name)

Kerhonkson Accord First Aid Squad, Inc., to obtain my Motor Vehicle Record from Sprague & Killeen, Inc. I understand that this record may contain personal information concerning any/all driver violations and/or accidents which may be on record through the New York State Department of Motor Vehicles.

In addition, should my application for employment and/or upon my employment as an employee for Kerhonkson Accord First Aid Squad, Inc., I further authorize ANY/ALL additional requests for my Motor Vehicle Record be submitted and reviewed as needed for the sole purpose of my continued evaluation and eligibility standards under State and Federal regulatory compliance requirements.

(Signature)

(Driver ID)

(Date Signed)

(Date of Birth)

(Social Security Number)

11/09

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**Authorization to Obtain Background Check**

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I hereby AUTHORIZE and request any background check agency to furnish bearer with criminal history and identity check information in their possession regarding me in connection with my employment in a critical position. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I understand this AUTHORIZATION is to be part of the written membership application which I sign. I understand that KAFAS positions require background checks for the purpose of evaluating me as a volunteer.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
Other Names You Have Used

06/11