



Kerhonkson Accord First Aid Squad Membership Application



Name: _____ Age: _____ DOB: _____

Mailing Address – PO Box #: _____ City, State & Zip: _____

Physical Address – Street: _____ City, State & Zip: _____

Cell Phone #: _____ Home Phone #: _____ Work # _____

Occupation: _____ Place of Employment: _____ # of Years: _____

Driver's License #: _____ State: _____ Class: _____ SS #: _____ Email: _____

Please circle "Y" for Yes or "N" for No. Explain any "Yes"

Any previous first Aid experience? Y or N _____

Are you an EMT? Y or N Do you have any first aid training? Y or N _____

Have you belonged to an EMS or fire agency before? Y or N _____ # of Yrs: _____

What position are you applying for (circle one)? Auxiliary or Jr Driver EMT or First-Aider Driver & First-Aider

Do you have any illness &/or disability, or do you take any medications that can affect your ability for the position you are applying (Examples: asthma, diabetes, high blood pressure)? Y or N _____

References

KAFAS Member(s): _____

List 3 additional references who are not KAFAS members, family or closely related.

You may use: friends, employers, co-workers, educators, etc.

1) Name: _____ Address: _____

Phone #: _____ Relationship: _____ Years Known: _____

2) Name: _____ Address: _____

Phone #: _____ Relationship: _____ Years Known: _____

3) Name: _____ Address: _____

Phone #: _____ Relationship: _____ Years Known: _____

Do you understand that you are required to serve a minimum of a four (4) month probationary period to include trainings, 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 a duty crew as a driver driving? Y or N

Do you agree to live up to and support the mission of KAFAS, to be bound by its constitution and by-laws, to make yourself available for at least 12 hours per week and one weekend coverage per month on assigned shift with a crew and to hold yourself in readiness when available? Y or N

Have you ever been convicted of a misdemeanor or a felony? Y or N

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

Signature: _____ Date: _____

Guardian Signature (if minor) _____ 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, _____, authorize
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.

_____ Social Security Number	_____ Date of Birth	_____ Driver ID & State
_____ Signature	_____ Date	
_____ Guardian Signature (if minor)	_____ Date	

08/2017

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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.

|                                        |                                    |
|----------------------------------------|------------------------------------|
| _____<br>Social Security Number        | _____<br>Other Names You Have Used |
| _____<br>Signature                     | _____<br>Print Full Name           |
| _____<br>Guardian Signature (if minor) | _____<br>Date                      |

08/2017