

**Town of Colonie
Department of Emergency Medical Services
312 Wolf Road, Latham, N.Y. 12110**

**Explorer Post #143
Application for Membership**



Date: _____

DOB: _____

Name _____ SSAN: _____

Address _____

City _____ State _____ Zip _____ Phone _____

Phone _____ School _____ Grade _____

Driving Record

NYS Drivers License _____ Restrictions _____

Has your driver's license ever been suspended? _____

Have you ever been convicted of a crime involving violence? _____

Are you currently on parole, work release program or on bail? _____

Medical History

Please indicate **Yes** or **No** if **Yes** please explain:

Heart Disease _____ Hypertension _____ Epilepsy _____ Diabetes _____ Lung Disease _____

Headaches _____ Psychiatric Disorder _____ Substance Abuse _____ Back Injury _____

Explain for yes answers: _____

(Over)

Medical History (continued)

Have you been immunized against hepatitis-B? _____ if Yes give date _____

Are you aware of any other medical condition(s) which could prevent you from meeting the physical requirements of being an explorer? _____

List any medications you currently take _____

References:

List two **non-family members** we may contact for a reference:

Name: _____ Phone _____

Address _____

Name: _____ Phone _____

Address _____

Comments

I understand that the information i have provided is confidential and is restricted to the official use of the Town of Colonie EMS department. No person shall be discriminated against because of race, religion, color, sex, natural origin or handicap(except those that might interfere with the performance of official duties). I do hereby certify that that the information provided is accurate and correct. I grant permission to the Town of Colonie to verify all information and agree to permit the Colonie Police Department to conduct a DCJS/NCIC Criminal history inquiry and provide this information to the EMS Department.

Signature _____ Date _____

Signature of parent/Guardian _____ Date _____

Relationship to Applicant _____