



VOLUNTEER APPLICATION



Personal Data

Date _____

Name _____ DOB _____

(Optional)

Address (local) _____

Address (if student, home address) _____

Are you a Town Resident? **Yes No** Fire District (Indicate #) _____

1 Boght – 2 Colonie Village – 3 Fuller Road – 4 Latham – 5 Maplewood – 6 Menands – 7 Midway – 8 Schuyler Heights
9 Shaker Rd./Loudonville – 10 Stanford Heights – 11 Verdoj – 12 W. Albany

AM Phone _____ PM Phone _____ Occupation _____
(H) (W) Circle One (H) (W) Circle One

List All EMS Credentials Held by Applicant

- CPR _____ Exp. Date _____
- EMT# _____ Exp. Date _____
- AEMT# _____ Exp. Date _____
- Paramedic# _____ Exp. Date _____
- REMT-P# _____ Exp. Date _____
- REMO ID# _____ Exp. Date _____
- BCLS _____ Exp. Date _____
- ACLS _____ Exp. Date _____
- Confined Space _____ Date _____
- HazMat Technician _____ Date _____
- Water Rescue _____ Date _____
- Ice Rescue _____ Date _____
- Rope I _____ Date _____
- Rope II _____ Date _____
- Rope III _____ Date _____

Driving / Criminal Record

NYS Driver's License# _____ Restrictions _____

Has your Driver's License ever been suspended? **Yes No**

Have you ever been convicted of a crime involving violence? **Yes No**

Are you currently on parole, probation, work release program or on bail? **Yes No**

Have you been immunized against Hepatitis-B? Yes No If **Yes** give date. _____

Medical – Do you have any medical or physical problems that prevent you from:

- Doing CPR? Lifting 100–150 lbs? Climbing/Descending Stairs
- Carrying 70 lbs of equipment? Driving a Vehicle? Wearing breathing apparatus
- Bending, squatting, kneeling, walking over uneven ground.
- Any other physical condition(s) which would prevent you from meeting the requirements of being an EMT, AEMT, Driver?

When are you available to volunteer? Please place an "X" in all boxes that apply.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
6-12n							
12-6p							
6-12m							
12-6a							

References

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

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

