



BELLMORE-MERRICK E.M.S.

"Your Volunteer Ambulance Company"



Application for Membership

Today's Date: _____

Name: _____

Date of Birth: _____

Contact Information

Email Address	
Cell Phone Number	
Home Phone Number	

Home Address

Street Information	
Town, State	

Driver's License Number and Type of License: _____

1. Conditions, illness, disability affecting ability to operate on an emergency ambulance: _____
2. Have you ever been convicted of any offense in any jurisdiction involving murder, manslaughter, assault, sexual abuse, theft, robbery, fraud, embezzlement, drug abuse, or sale of drugs? YES _____ NO _____
 - a. If YES,
explain: _____
3. Have you ever been convicted of any offense in any jurisdiction involving, or been dismissed from a place of employment or volunteer engagement for, any dishonesty or breach of trust (including but not limited to robbery, embezzlement, forgery, perjury, tax evasion, theft etc.)?



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a. If YES, explain:

4. Have there ever been findings against you of inappropriate conduct or misconduct not constituting a criminal offense in any jurisdiction, including, but not limited to, findings by either a designated governmental authority or a court of law, or by an employer or volunteer agency which has caused your dismissal from that place of employment or volunteer engagement, of patient abuse, neglect, mistreatment, or misappropriation of patient property; spousal and/or intimate partner violence, child abuse, neglect or abandonment; reckless and/or aggressive driving; diversion of controlled substances from any health care facility, health care provider, or pharmacy; or any findings involving dishonesty and/or other unethical conduct evincing unfitness to serve the public?

a. If YES, explain:

5. Have you ever, or are you currently a member of a fire department, EMS agency?
YES ___ NO ___ (Please note, we will be calling those departments to confirm your status and, if applicable, the reason for your leaving.)

a. Which departments are you/have you been a member of and what were the dates of membership:

6. References (2): They can NOT be family or relatives.

a. Name, Phone Number: _____

b. Name, Phone Number: _____

7. Education sections: High School, College, Grad School

a. High School, Graduation Date: _____

b. College, Graduation Date, Major: _____

c. Grad School, Graduation Date, Major: _____



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8. Current / Former Employment sections:

- a. May we call your current and former employer(s) YES___ NO___.
- b. Have you ever been involuntarily discharged or fired from employment
YES___ NO___
- c. Employer, Address, Phone Number:

- i. Dates of employment: _____
- ii. Reason for leaving: _____

- d. Employer, Address, Phone Number:

- i. Dates of employment: _____
- ii. Reason for leaving: _____

- e. Employer, Address, Phone Number:

- i. Dates of employment: _____
- ii. Reason for leaving: _____

9. Current EMS certifications, licensures with state of certification and expiration dates:

- a. CFR___ EMT-B___ EMT-CC___ AEMT___ EMT-P___
- b. RN___ PA___ DO___ MD___
- c. Instructor Courses: _____

- d. Please include copies of all certification cards. If you cannot upload, email copies to "membership@bmems.org"

10. CPR Certified: Please include course type(BLS, First Responder, Heartsaver), organization of certification, and expiration date:

- a. _____

- b. Please include copies of all certification cards. If you cannot upload, email copies to "membership@bmems.org"



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The information provided on the application is accurate to the best of my knowledge and subject to verification by BMEMS. I understand that proof of U.S. citizenship, proof of age, and a photograph may be required for membership. I understand I must truthfully answer all the questions on this application. I understand that if I do not, I may be refused acceptance or separated if i am a current member. I authorize all previous employers to furnish BMEMS with whatever information they may have regarding my membership and my reason for leaving, and release my prior employers, prior departments, and BMEMS from all liability for any damage resulting from the information provided.

Signature: _____

OFFICE USE ONLY:

Date of Interview: _____; Interviewer(s): _____

Accepted _____ Denied, Reason _____