



SARANAC LAKE VOLUNTEER RESCUE SQUAD, INC.



P.O. Box 431 • 110 Broadway

Saranac Lake, NY 12983

Phone (518) 354-8395 • (800) 314-8056 • Fax (518) 354-8374

Volunteer Application

Applicant's Authorization for Release of Information

In order to confirm the information I supplied on my application for membership with the Saranac Lake Volunteer Rescue Squad, Inc., I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant records about me to the Saranac Lake Volunteer Rescue Squad, Inc., whether the information be of public, private or confidential nature, and release them from any liability and responsibility for doing so.

This authorization, in original or copy form, shall be valid for this and any future information, reports or updates that may be requested.

I understand that this form will accompany any requests for official documents and confirmation of my credentials.

Applicant's Name (Print)	Applicant's Signature	Date
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Member Receiving Application (Print)	Member's Signature	Date
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A satisfactory physical examination is required for volunteering after you're voted on by the board.

A background investigation will be conducted on all applicants.

SERVING OUR COMMUNITIES 24 HOURS A DAY

e-mail: slrs@saranaclakerescue.com

www.saranaclakerescue.com



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Last Name	First Name	MI
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Street Address	Apt. #
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City/Town	State	Zip
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() _____ () _____ () _____

Home	Cell	Work
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Email: _____

What is the highest level of education you've completed? _____

Do you currently belong to any other fire or rescue organization(s)? _____

Do you currently hold any EMS certification? If so, what? _____

Do you have prior EMS experience? Where and approx. how many calls? _____

Do you wish to advance your level of training? What's your goal? _____

Have you ever been charged with any misdemeanor or felony? If yes, when and for what?

List any SLVRS members you are acquainted with: _____

SLVRS has a requirement to volunteer to be on call for a minimum of 24 hours per month. Are you willing to do that? If so, when are you available? _____

Are you 18 years of age or older? YES NO
If not, please ask for a *Junior Member* application.



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List three professional references not affiliated with the Saranac Lake Volunteer Rescue Squad:

1. Name: _____

Address: _____

Phone: () _____ Affiliation: _____

2. Name: _____

Address: _____

Phone: () _____ Affiliation: _____

3. Name: _____

Address: _____

Phone: () _____ Affiliation: _____

Why do you want to join the Saranac Lake Volunteer Rescue Squad? Please explain.

Please attach a resume or additional information to this application.

I affirm under penalty of perjury that the information contained in this application is true and accurate.

Signature of Applicant

Date

Updated 5/15/2022 APF

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