

**APPLICATION FOR A VOLUNTEER WITH
Saranac Lake Rescue Squad Inc.
P.O. Box 431
Saranac Lake, NY 12983**

Applicant's Authorization for Release of Information

In order to confirm the information, I supplied on my application for membership with the Saranac Lake Rescue Squad Inc., I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employees, and the military services to disclose their relevant records about me to the Saranac Lake 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 requests for official documents and confirmation of my credentials.

_____	_____	_____
Applicant's Name (please print)	Applicant's signature	Date
_____	_____	_____
Notarized by: (please print)	NOTARIZED SIGNATURE	Date

A SATISFACTORY PHYSICAL EXAM IS REQUIRED FOR VOLUNTEERING.

BE ADVISED THAT A BACKGROUND INVESTIGATION WILL BE CONDUCTED ON ALL PERSPECTIVE VOLUNTEERS.

Saranac Lake volunteer Rescue Squad, Inc.

110 Broadway | PO Box 431 | Saranac Lake, NY 12983

Application for Associate Membership

1 _____
Last Name First Name MI

2 _____
Street Address Apt. #

_____ | _____
City, Town, Village State Zip email

3 () _____ () _____ () _____
Home Cell Work

4 What is the highest level of education you have completed: _____

5 Do you currently belong to another fire or rescue organization?: Check all that apply

SLVFD _____ PSGVFD _____ BVFD _____ LP FD _____

TupperFD _____ LPVAS _____ TLVAS _____

Other _____

6 Do you currently hold any of the following NYS EMS Certification?: Exp. Date: _____

CFR _____ EMT-B _____ EMT-I _____ EMT-CC _____

EMT- P _____

7 Do you have prior EMS experience: Yes: _____ No: _____

If yes: where, when and approx. how many calls? _____

8 Do you wish to advance your level of training? If so, what is your goal? _____

9 Have you ever been charged with any misdemeanor or felony? Circle one: YES NO

If yes, when and for what? _____

10 List any rescue members you are aquanted with: _____

11 The Saranac Lake Volunteer Rescue Squad has a requirement to volunteer to be on call for a minimum of 24 hours a month. Are you willing to do that? Circle one: YES NO

12 When are you available to be "on call": _____

