

## **MASTIC BEACH AMBULANCE COMPANY**

P.O. BOX 513

MASTIC BEACH, NY 11951

Phone: 631-772-7338

Fax: 631-772-7341

Dear Applicant,

Thank you for your interest in joining the Mastic Beach Ambulance Company. Please fill out the enclosed application and return it to the Membership committee.

Please do not forget the last page must be notarized and a copy of your current driver's license is attached.

Thank you again for your interest in joining our company. If there are any questions, please call 631-772-7338 or email us at [inquiries@masticbeachambulance.com](mailto:inquiries@masticbeachambulance.com)

Sincerely,

Membership Committee

Mastic Beach Ambulance Company

# Mastic Beach Ambulance Company Membership Application

P.O. Box 513, Mastic Beach, New York 11951

Date \_\_\_\_\_  
Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Cell Provider \_\_\_\_\_  
Email Address \_\_\_\_\_  
Best Method to Contact You \_\_\_\_\_ Time of Day \_\_\_\_\_

Have you ever been a member of the Mastic Beach Ambulance Company? YES or NO If yes when? \_\_\_\_\_

Have you ever been a member of the Mastic Beach Ambulance Company Youth Squad? YES or NO If yes when? \_\_\_\_\_

Have you ever been affiliated with any other emergency service organization (Fire/EMS/Civil Air Patrol/Police Aux./ETC)? YES or NO  
If yes whom? \_\_\_\_\_ Location \_\_\_\_\_

Have you ever been affiliated with any other emergency service youth organization (Youth Squad/Juniors/Explorers/ETC)? YES or NO  
If yes whom? \_\_\_\_\_ Location \_\_\_\_\_

Please list the days and times you would be available to volunteer.

Weekdays \_\_\_\_\_ Hours \_\_\_\_\_

Weekends \_\_\_\_\_ Hours \_\_\_\_\_

On what date would you be available to begin? \_\_\_\_\_

## APPLICATION NOTES:

_____
_____
_____
_____
_____

## **Employment**

Occupation \_\_\_\_\_

Name of present employer \_\_\_\_\_

Address \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Work Phone \_\_\_\_\_

Length of employment \_\_\_\_\_

May we call you employer? YES or NO

## **Education**

	Name of Schools	Dates attended	Diploma Rec.	Major
High School				
College				
Graduate				
Trade				
Other				

Please list any special Medical / Emergency Training certification you may already have.

\_\_\_\_\_  
\_\_\_\_\_

## **Military Service**

Branch of Service \_\_\_\_\_ Date of Entry \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

The Explanation of Discharge if anything other than  
Honorable. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Present Military Status. \_\_\_\_\_

## **Medical History**

Have you ever had any serious illness, operations or disabilities during your life time? YES or NO

If Yes, Please Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any impairment, physical, mental, or medical which would interfere with your ability to perform your duties for which you have applied? YES or NO

If yes please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you allow the Ambulance Company to obtain information regarding your medical history? YES or NO

Do you have any severe allergies that we should be aware of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **References**

List three references, who do not reside with you that we may contact. Include Name, Address and phone number.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

# Mastic Beach Ambulance Company

P.O. Box 513  
Mastic beach, New York 11951

County of Suffolk Police Dept.  
30 Yaphank Avenue  
Yaphank, New York 11980  
Attn: D/Lt. Kevin M. Brennan

Date: \_\_\_\_\_

I herby authorize the Suffolk County Police Department to perform an arrest and driver's records check **including sealed records**, if any, and I authorize the release of this information directly to the above named ambulance company.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DOB \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_

NYS DRIVER LICENSE # \_\_\_\_\_

(ENCLOSE PHOTO COPY OF LICENSE)

SIGNATURE \_\_\_\_\_

Sworn to before me this

Date \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

This form was set up by Suffolk County Police