

BOSTON EMERGENCY SQUAD Membership Application
P.O.BOX 92
BOSTON, NY 14025

Applicant's Last Name: _____ First Name: _____

Emergency Contact's Name: _____ Relationship: _____

Address: _____ City, State, Zip _____

HomePhone: _____ Cell: _____ Email: _____

DateOfBirth: _____ Drivers license ID/Class _____

Occupation/Employer: _____

EMS Training Level/Exp. Date _____ CPR Level/Exp.Date _____

Previous EMS Experience? If Yes, Where? _____

Have you applied for membership previously? If Yes, date: _____

Have you been convicted of a felony crime, excluding misdemeanors? If Yes, explain _____

Brief Description of your intent and purpose in joining the Boston Emergency Squad: _____

Please submit the following with you application:

1. Letter of reference from previous/current employer or friend/relative.
2. Letter of recommendation from company officer if currently a member of a fire or ambulance company.
3. Copy of current EMS and CPR certifications.
4. Check in amount of \$10 for application fee payable to Boston Emergency Squad.

General Squad Membership Requirements: (Specifics listed in Squad By-Laws and SOPs)

- Age 18 with valid driver's license (unless Member in Training)
- Valid 1st Aid, CFR, or EMT certificate/card
- Valid CPR certificate/card
- Attendance at monthly Business Meetings (2nd Wednesday each month at 7:30PM)
- Attendance at monthly Training Meetings (4th Wednesday each month at 7:30PM)
- Call time of 12 hours weekly (permanent responsibility for at least 3 hours weekly)

Applicants are interviewed and upon presentation to membership at regular Business meeting, their names are posted for 30 days, with voting taking place at the next regular Business meeting. New members are on probation for 6 months.