



East Hampton Village Emergency Medical Service

1 Cedar Street

East Hampton, New York 11937

631.324.6868

"We volunteer because your life depends on it!"

New Member Application

All entries, except the signature must be printed legibly in block letters. Forms are to be completed in black ink. Return the completed application to any member of the department and they will pass it along to the Assistant Chief.

Name: Last	First	Middle Initial
Address:		
Mailing Address if different from above:		
How long have you lived at this address?		
NYS License number:		
If you would like to be a driver, are you older than 21? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home phone:		
Work phone:		
Cell phone:		
e-mail:		



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Name: _____

Have you had any previous experience in fire or emergency services?	
If yes, please list where, when, and level of current/past training, and length of service.	
Where:	
When:	
Level of current training/certifications:	
Level of past medical training/certifications:	



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New Applicants Name: _____

I want to join the East Hampton Village EMS department because:

Attach photo here