

11. If you are under a physician's care for any of the aforementioned (question 10), would you be willing to provide documentation from him/her of recommendation/release to assume the role and responsibility of a Greene County Rescue Squad person?

12. Have you ever had any criminal or moving violation charges/convictions? Explain

13. Do you understand that all patient information is confidential and any breach or any discrepancy of requested information on this application and will result in non-processing of your application or dismissal from the Greene County Rescue Squad?

14. Provide four letters of references: an employer, a supervisor, two line officer(s) if affiliated with another EMS agency (fire or rescue) or individuals (non-relatives) if none of the above apply

A. Name: _____ Phone: _____

Address/Zip: _____

B. Name: _____ Phone: _____

Address/Zip: _____

C. Name: _____ Phone: _____

Address/Zip: _____

D. Name: _____ Phone: _____

Address/Zip: _____ Phone: _____

15. Are you now or have you ever been a member of an Emergency Service organization? If so, please list those organizations and provide contact names:

16. Is there anything more you would like to share with the Membership Committee before actual processing of this application is initiated?

By signing this document, you are verifying that all the information is correct and accurate to the best of your knowledge and that the Greene County Rescue Squad's Membership Committee has your permission to obtain previous records and/or information of your affiliation with other volunteer organizations and performance or any other pertinent information requested.

Signature: _____

Print name: _____

Date: _____