



David Burgess, Director of Emergency Services  
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**Emergency Services Volunteer Application**

PLEASE PRINT USING BLUE OR BLACK INK

**PART 1 - Personal Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Soc. Sec No.: \_\_\_\_\_ Birth date: \_\_\_\_\_ Shirt Size: \_\_\_\_\_  
Phone: ( Day) \_\_\_\_\_ (Eve) \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**PART 2 - Professional Information**

EMT - \_\_\_\_\_ RN or \_\_\_\_\_ MD or \_\_\_\_\_ ATC or \_\_\_\_\_  
Specify Level \_\_\_\_\_ LPN \_\_\_\_\_ RPA \_\_\_\_\_ Student Trainer \_\_\_\_\_  
Certification or License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Other special training: \_\_\_\_\_  
Blood Borne Training Date: \_\_\_\_\_ CPR Course "C" Expiration Date: \_\_\_\_\_

**PART 3 - Availability**

Date: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Preference \_\_\_\_\_  
Date: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Preference \_\_\_\_\_  
Date: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Preference \_\_\_\_\_

**Signing of this volunteer application acknowledges that all information contained in is correct, and that you possess current New York State Health/Education Department Certification/Licensure to practice at the stated level of training, and that all pertinent**

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