



HOLLEY VOLUNTEER AMBULANCE, INC.

P.O. Box 181
HOLLEY, NY 14470
585-638-7711

MEMBERSHIP APPLICATION

Print Clearly

APPLICANT INFORMATION

Last Name: _____ Are you 18 years old or older?
First Name: _____ If not, state your age. _____
Middle Name: _____ SSN: _____ - _____ - _____
Street Address: _____ Apt. #: _____
City: _____ State: _____ Zip Code: _____ - _____
Home Phone #: _____ - _____ - _____ Pager #: _____ - _____ - _____ Cell #: _____ - _____ - _____
Work Phone #: _____ - _____ - _____

EMS CERTIFICATIONS

Current NYS EMS Certification: EMT-P EMT-CC EMT-I EMT-B CFR
Certification #: _____ Expiration Date: _____
Location of Last Re-Certification: _____ Date: _____
Current CPR Certification: American Red Cross American Heart Association Green Cross
Expiration Date: _____
Location of Last Re-Certification: _____ Date: _____
Current Epinephrine Certification: Yes No
Location of Certification: _____ Date: _____
Current Albuterol Certification: Yes No
Location of Certification: _____ Date: _____

*Copies of certification cards must be attached
Original cards must be presented for review*

