



Southampton Village Volunteer Ambulance Membership Application

Membership Applicant:

On behalf of the Members of the Southampton Village Volunteer Ambulance, I would like to thank you for expressing interest in serving your community by joining our organization. Before joining, it is necessary for you to complete and submit certain information for our records.

Please complete the enclosed Membership Application and return it to:

ATTN: Membership Committee
Southampton Village Volunteer Ambulance
PO Box 832
Southampton, NY 11969-0832

In addition to the membership application, please include the following:

- A letter of recommendation from two persons who are not related to you
- A copy of your valid New York State Driver's License
- (OPTIONAL) Copies of any certifications relevant to our organization

To avoid delay in your membership approval, and to keep your information confidential, please mail this application to the above address. **Please do not hand deliver, fax, or email this application.**

Upon receipt of this application, our Membership Committee will contact you to set up an interview. After that, we will conduct a background check and present your application to our members for a vote at one of our monthly membership meetings, which usually take place on the fourth Monday of each month. For more information, please visit our website, www.VillageEMS.org, or email our Membership Committee at Apply@VillageEMS.org.

Once again, thank you for your interest in serving your community!

Sincerely,

Chief of Department
Southampton Village Volunteer Ambulance

