

**SUNY Potsdam Campus Rescue Squad  
Application for Membership**

Name: \_\_\_\_\_

CRS File #: \_\_\_\_\_

D.O.B: \_\_\_/\_\_\_/\_\_\_

Age: \_\_\_\_

Social Security #: \_\_\_ - \_\_\_ - \_\_\_\_

Barrington Address:

Home Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Campus Phone: 267-\_\_\_\_\_

Phone: (    ) -

Class Year: Fr So Jr Sr Grad

Emergency Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) -

\_\_\_\_\_  
\_\_\_\_\_

How did you become aware of the Campus Rescue Squad? (circle all that apply)

Friend

Member

Posters

Racquette

Other (please explain)

\_\_\_\_\_

Are you a member of an ambulance squad or fire dept. at home? If yes, who and how long have you been with them?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your highest level of training at this time? (If EMT or CFR, please write your certification number also)

\_\_\_\_\_

List any other training/certifications you currently hold along with expiration dates:

\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in becoming a member of the SUNY Potsdam Campus Rescue Squad?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please sign and date below:

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date