Serving the Town of Union since June, 1973

Union Volunteer Emergency Squad, Inc.

8 South Avenue B Endwell, New York 13760

Business Number Only (607) 754-3414

Training
Training Associate Information

Date: _____

_____ _____ _____
Last Name First Name M.I.

_____ _____ _____ _____
Local Address (Number & Street) City State Zip

Local Phone: _____ Work Phone: _____

_____ _____ _____ _____
Permanent Address (if different from local) City State Zip

Phone: _____ Email : _____

Program Affiliation:

Course Enrolled in: _____ Location of Class: _____

Course Instructor: _____ Have you graduated from course? ☐ Yes ☐ No

Course Start Date: _____ **Course End Date:** _____

Emergency Information:

Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Pager: _____

I understand that my signature on this form allows me to participate in training activities and to become familiar with the operation and equipment of the Union Volunteer Emergency Squad, Inc.

I understand that Agency business and patient information must be held in the strictest confidence and to divulge such information outside of Agency without proper authority may be grounds for removal from training activities and possible prosecution under the law.

I understand that any misrepresentation or deliberate omission of information may justify termination of my training activities with the Union Volunteer Emergency Squad, Inc.

_____ _____
Signature Date

This area to be completed if trainee is not affiliated with an ongoing EMS Course:

Date Received: _____ Primary Organization: _____

Agency ordering clinical rotation(s): _____

Reason for clinical rotation(s): _____

Verification: Date _____ Initials _____ Person Verifying _____

Approved by: _____ Date: _____

Endwell Endicott West Corners West Endicott Union Center Johnson City Westover Oakdale Choconut Center