



Special Olympics
New York

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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: _____