

East Moriches Community Ambulance  
Ambulance Committee of the Moriches Inc.  
Mailing Address: P.O. Box 295 East Moriches, NY 11940  
Physical Address: 275 Montauk Highway East Moriches, NY 11940  
Phone: (631) 878-4230 | Email: [Juniors@eastmorichesambulance.org](mailto:Juniors@eastmorichesambulance.org)

Hello!

Thank you for taking an interest in the East Moriches Ambulance Juniors Program. EMCA has supported this program for many years as a way to give school aged young adults an opportunity to learn basic lifesaving skills including CPR, first aid, splinting, and more. Juniors participate in special events and trainings, the Center Moriches parade of lights, blood drives, and large scale drills. Our EMCA juniors are well respected throughout Suffolk County from their history of being highly disciplined and well trained.

The juniors program is run by a committee of members who are all certified basic and advanced life support providers. Collectively the advisors have 15+ years in EMS and use their knowledge to instruct the junior members and provide them with new information in emergency medicine. In return, EMCA junior members are well respected throughout the company and are a valuable member to an ambulance crew.

We are always looking to add to our team, please fill out the attached application and return it to the East Moriches Ambulance Headquarters. If you have any questions, please utilize our contact information at the top of the Application.

Sincerely,

The EMCA Juniors Advisors

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**APPLICATION FOR JUNIOR MEMBERSHIP**  
**(Ages 12-17)**

Name: \_\_\_\_\_  
(Last) (First) (M)

Date Of Birth: \_\_\_ / \_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ [ ] Male [ ] Female [ ] Other

Physical Address: \_\_\_\_\_ Mailing Address (If Applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Junior's Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Juniors Email Address: \_\_\_\_\_

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Name of School Currently Attending: \_\_\_\_\_

Grade: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Pertinent Medical History (Meds, Allergies): \_\_\_\_\_  
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**Parent / Guardian Information**

Parent / Guardian 1: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent / Guardian 2: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

P/G 1 Email: \_\_\_\_\_

P/G 2 Email: \_\_\_\_\_  
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**Emergency Contact Information**

Emergency Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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**Meeting Reminders**

The Juniors program will utilize multiple means of communication in order to reach the juniors regarding upcoming meetings and events. Please Indicate below the ways you and your junior would like to be updated about the Juniors program.

Email     Text

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**Affirmation**

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, give permission for them to participate in the East Moriches Ambulance Juniors and all activities associated with the juniors program. Further, I give my consent to the adult leaders of the EMCA juniors to seek medical treatment, if needed, in the event I cannot be reached.

\_\_\_\_\_   
Print

\_\_\_\_\_   
Sign

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