



North Country Regional Emergency
Medical Services Council
“Serving Jefferson, Lewis & St. Lawrence Counties”
www.fdrho.org/ems

RECOMMENDATION FORM

Date: _____

Dear _____,

_____ is applying for membership in the North Country Regional EMS Council, Inc. Your **frank** appraisal of the above named individual would be appreciated. Please return this letter in the enclosed self-addressed envelope. All information will be confidential.

Thank you for your assistance.

Yours truly,
Membership Committee
North Country REMSCO

Applicants name: _____

How long have you known the applicant? _____ In what capacity? _____

Please rate the individual on the following characteristics:

Ability to get along with others _____

Character _____

Dependability _____

Honesty _____

Additional comments (if any) that you would like to include (please feel free to include additional sheets)

If you would like us to contact you to further discuss this applicant, please provide a telephone number.

Date: _____ Signature: _____

Effective: 5/17
Revision: A