



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