

Port Jervis Volunteer Ambulance Corps, Inc.

PO Box 133
Port Jervis, NY 12771

Application for Membership

Personal Information

Name: _____
Address: _____

Telephone Number: _____ Date of Birth: _____
E-mail Address (if applicable): _____
Drivers License Number: _____ State: _____
Have you ever been convicted of any crime? _____ Sex: Male / Female (circle)
If yes, explain: _____

Do you understand the roles, responsibilities, and importance of this organization?
Why are you interested in joining this organization? _____

Where did you hear about our organization? _____

Experience/Training

List below any certificates you may have (i.e. First Aid, CPR, CFR, EMT, etc.)
Have you ever been an EMT? _____ Dates: _____
_____ expires: _____
_____ expires: _____
References (Fire Department, Ambulance Corp.)
Name of Department: _____
Contact Person: _____
Phone Number: _____
Address: _____
Current/Past Positions Held: _____ Dates: _____
If you have no certifications, are you willing to attend classes for certification? _____
Are you interested in being trained as an EMT? _____
Are you interested in being trained as a vehicle operator? _____
Any additional interests/Hobbies _____

Disclosure and Release

In connection with my application for employment (including contract for services) or membership with The Port Jervis Volunteer Ambulance Corp.

I understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record including court action, citations, license suspensions, and revocations.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to obtain information as to the name, address, and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for the organization named above to procure Motor Vehicle Reports at any time during my employment, membership, or contract period.

(Signature)

(Date)

(Print Name)

XXX-XX-XXXX
(Social Security Number)

(Driver's License Number)

(State)

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OSHA/Infection Control

Have you ever been vaccinated for Hepatitis B? _____
If not would you like to be vaccinated? _____
Have you been tested for TB this year? _____
If yes, when? _____

Availability

Days and Times you may be available to run calls:

Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____
Saturday: _____
Sunday: _____

References

Please list three personal references

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Phone Number</u>

Signature: _____ **Date:** _____

I, the above signed, authorize the Port Jervis Ambulance Corp. to complete a background investigation prior to being considered for membership. I also understand that falsification of any information on this application will result in denial of or termination of membership in this organization. I also understand that if approved for membership, I must serve six months probation, after which my membership status will be re-evaluated based on my activity. I may be removed from membership at this time, without cause or explanation.