

New City Volunteer Ambulance Corps/Rescue Squad, Inc
Senior Corps Membership Application

Completed applications can be mailed to:

**New City Volunteer Ambulance Corps and Rescue Squad
P.O. Box 33
New City, New York, 10956
Attention: Membership**

Personal Information

Name: _____ Date of Birth: _____

Address: _____ Age: _____

Phone: _____ Email: _____

Driver Information

Do you have, or are you in the process of getting, a driver's license? Yes No

License Number: _____

State of Issue: _____ Expiration Date: _____

Employment

Do you have a part time or full time job? Yes No

Occupation: _____

Name of Employer: _____

Address: _____

Phone: _____ Length of Employment: _____

Work Hours: _____

Medical History

Are you in good physical health? Yes No

Please describe any physical or mental impairment, no matter how slight:

APPLICANTS PLEASE DO NOT WRITE IN THIS SECTION

Received: _____ Letters: _____ Fingerprints: _____ Medical: _____ Interview: _____

Personal References

Name	Address	Phone #	Time to call
1			
2			
3			
4			

How did you hear about New City Volunteer Ambulance Corps and Rescue Squad?

Medical Training

Do you have any previous medical training? Yes No

If you answered yes, please list your training, including dates where possible:

If you have been a member of any other volunteer organizations within the last five years please list them below. If possible, please include membership dates and contact phone numbers:

Availability

New City Volunteer Ambulance Corps and Rescue Squad asks its members to volunteer sixty (60) hours a month including one twelve (12) hour weekend day shift. Shifts normally run:

Week days (M-F): 6:45am – 7:00pm

Week nights (M-R): 7:00pm – 6:45am

Weekend days: 7:00am - 7:00pm

Friday/Saturday Nights: 7:00pm - 6:45am

What days / hours do you expect to be available?

History

Answers to the following questions will not automatically disqualify you from membership.

If you answer yes to any question, please explain in the space provided.

1. Have you had any motor vehicle collisions, moving violations or points against your license within the past three years?

Yes No If yes: _____

2. Has your driver's license been suspended or revoked in the past five years?

Yes No If yes: _____

3. Have you ever been convicted of a felony or misdemeanor?

Yes No If yes: _____

4. Do you currently have any charges pending against you in court?

Yes No If yes: _____

Applicant Agreement

I affirm that the statements made by me on this application are true and accurate to the best of my knowledge. I understand that any misrepresentation of facts on this application constitutes grounds for rejection or dismissal. I agree to submit to a physical examination by a physician if such should be requested. If accepted, I agree to serve honorably, faithfully, and promptly in pursuit of my duties. I agree to abide by all laws, rules, and regulations involving the operation of the ambulances and membership in the New City Volunteer Ambulance Corps and Rescue Squad (NCVAC/RS).

I further authorize NCVAC/RS to verify the information I have provide in this application, understanding that this may include any background checks and investigations as deemed necessary by the NCVAC/RS membership. I understand that any false statements made on this application may be grounds for suspension and /or revocation of membership.

Signature of Applicant: _____ Date: _____