

New City Volunteer Ambulance Youth Corp Application

Personal Information

Name: _____ Date of Birth: _____

Address: _____ Age: _____

Phone: _____ Email: _____

School: _____ Grade: _____

Employment

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

Name of Employer: _____

Employer's Address: _____

Type of work: _____ Length of Employment: _____

Driver Information

Do you have a NY State Driver's License? Yes No

License Number: _____ Expiration Date: _____

If you have access to an automobile, what is the vehicles make and year?

Do you require a parking space while at school? Yes No

Medical Training

Are you currently CPR certified? Yes No

If yes, what is your expiration date: _____

Please describe any first aid courses you have completed and when:

APPLICANTS PLEASE DO NOT WRITE IN THIS SECTION

Received: _____ Probationary: _____ Full Member: _____ Parent interview: _____ Advisor: _____

Medical History

Are you in good physical health? Yes No

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

Personal References

Please list three personal references, including at least one from your current school:

| Name | Address | Relationship | Phone # | Time to call |
|------|---------|--------------|---------|--------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

How did you hear about New City Volunteer Ambulance Youth Corp?

Parent / Guardian Emergency Contact Information

Name of Parent / Guardian: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Parent / Guardian Release / Permission to Join:

I hereby authorize my child (or the above mentioned applicant, for whom I have guardianship over) to join and participate in all activities of the Youth Corps. I understand that there may be some physical and mental requirements for rendering emergency medical care on an ambulance including working outside in inclement weather, control of emotions while working under stressful conditions and may involve carrying of medical equipment. I understand that at all times there will be adult supervision of all activities. As parent/guardian I may decide to limit this applicant's activities at any time.

Signature of Parent / Guardian: _____ Date: _____

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 Youth Corp (NCVAYC).

I further authorize NCVAYC to verify the information I have provide in this application. I understand that any false statements made on this application may be grounds for suspension and /or revocation of membership.

Signature of Applicant: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____