



PLEASANTVILLE VOLUNTEER AMBULANCE CORPS MEMBERSHIP APPLICATION

APPLICANT NAME: _____ DATE: _____
FIRST MI LAST MM/DD/YYYY

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

HOME PHONE: _____ MOBILE PHONE: _____

EMAIL ADDRESS: _____ ARE YOU UNDER 18 YEARS OLD? YES NO

OCCUPATION: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PREVIOUS OR CURRENT CERTIFICATIONS:

NEW YORK STATE EMT	NUMBER:	EXPIRATION DATE:
NEW YORK STATE FIRST RESPONDER	NUMBER:	EXPIRATION DATE:
CPR		EXPIRATION DATE:
CPR INSTRUCTOR	TYPE:	EXPIRATION DATE:

ANY APPLICANT HOLDING CURRENT CERTIFICATION MUST PRODUCE CARDS PRIOR TO ACCEPTANCE.
 HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO IF YOU SELECTED YES PLEASE EXPLAIN BELOW:

PREVIOUS AFFILIATIONS:

AGENCY NAME:	AGENCY NAME:
CITY/STATE/ZIP:	CITY/STATE/ZIP:
CONTACT/PHONE#:	CONTACT/PHONE#:

POSITION DESIRED: SHIFT DESIRED:

EMT	DAYS (7:00 TO 19:00)
DRIVER	WEEKEND DAYS (7:00 TO 19:00)
AUXILIARY	NIGHTS (19:00 TO 7:00)
YOUTH CORPS	

LIST TWO REFERENCES BELOW. REFERENCES MUST BE FROM EMPLOYER, SCHOOL, RELIGIOUS ORGANIZATION, ETC.

NAME: _____
 RELATIONSHIP: _____
 PHONE: _____

NAME: _____
 RELATIONSHIP: _____
 PHONE: _____

THIS APPLICATION IS A PDF FILL IN. THIS APPLICATION MUST BE COMPLETED TO THE BEST ABILITY OF THE APPLICANT.
 CONFIDENTIALITY STATEMENT: PLEASANTVILLE VOLUNTEER AMBULANCE CORPS WILL NOT DISCLOSE ANY PERSONAL INFORMATION TO ANY THIRD PARTY FOR ANY REASON EXCEPT INFORMATION NEEDED TO OBTAIN DRIVING RECORDS AND CRIMINAL BACKGROUND CHECKS WHEN NEEDED.
 BY SIGNING THIS APPLICATION I HEREBY APPLY FOR MEMBERSHIP IN THE PLEASANTVILLE VOLUNTEER AMBULANCE DISTRICT, INC., A NON-PROFIT CORPORATION COMPOSED OF VOLUNTEER MEMBERS. I DECLARE THAT ALL INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. FALSIFICATION OF THE ABOVE INFORMATION WILL RESULT IN REMOVAL FROM THE AMBULANCE CORPS AND POSSIBLE CRIMINAL CHARGES. I WILL MEET AND MAINTAIN ALL MEMBERSHIP REQUIREMENTS AS DEFINED IN THE PVAC BY-LAWS. I FURTHER AGREE TO OBEY ALL RULES AND REGULATIONS OF PVAC NOW IN EFFECT OR HEREAFTER ADOPTED, AND WILL ABIDE BY THE PVAC BY-LAWS, STANDARD OPERATING GUIDELINES AND CODE OF ETHICS.
 MEMBERS UNDER THE AGE OF 18 REQUIRE A PARENT OR GUARDIAN'S SIGNATURE BELOW.

 APPLICANT SIGNATURE DATE

 PARENT/GUARDIAN SIGNATURE DATE