



Application For Membership

Name: _____

Home Address: _____

Occupation: _____

Business Address: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Pager #: _____

Social Security #: _____

Are you under 18 years of age: YES NO

Position Desired:

- Adult Member Driver Member Auxiliary Member Youth Corp

Youth Corp members MUST have parent or legal guardian sign and date:

 Signature of Parent/Guardian

 Date

Shift Desired:

- Days (7AM - 7PM) Nights (7PM - 7AM)
 Weekend Days (7AM - 7PM)

Previous Experience:

- NY State EMT Number with Exp. Date _____
 NY State 1st Responder Number with Exp. Date _____
 CPR Exp. Date _____ Instructor Cert. (Type and Exp. Date) _____

* Please note that any applicant holding current certification MUST produce cards prior to acceptance.

Previous Affiliations:

Volunteer Paid EMS Fire Police

Agency Name/Address: _____

Contact Name: _____ **Contact Number:** _____

Driver's License #: _____

List any convictions and/or accidents over the past 36 months. Please note that driving records will be verified through the insurance carrier.

Permission for arrest check: _____
Signature of applicant

List two references below. Must be from employer, school, religious organization, etc. (Please Print)

1. Name: _____	2. Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
_____	_____

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 corp. I agree that, if accepted into the corps, I will meet and maintain all membership qualifications and/or limitations of my class of membership as defined in the PVAC constitution and by-laws. I further agree to obey all rules and regulations of the PVAC now in effect or hereafter adopted, and will abide by the PVAC constitution, by-laws and code of ethics.

Signature of Applicant **Date**

Committee Use Only:

Comments: _____

Recommendation: _____ **Date:** _____