

# TARRYTOWN VOLUNTEER AMBULANCE CORPS

P.O. Box 132 Tarrytown, NY 10591

## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Occupation: \_\_\_\_\_

### **Type of Membership Requested (please check one):**

\_\_\_\_\_ Regular Member (patient care)

\_\_\_\_\_ Junior Member (under 18 yrs)

\_\_\_\_\_ Driver-Only (only drives ambulance)

\_\_\_\_\_ Public Member (no emergencies)

### **Duty Assignments (check all that apply):**

\_\_\_\_\_ day ambulance shifts (7am-7pm)

\_\_\_\_\_ day non-ambulance helper

\_\_\_\_\_ night ambulance shifts (7pm-7am)

\_\_\_\_\_ evening non-ambulance helper

\_\_\_\_\_ weekend ambulance shifts (Sat, Sun)

\_\_\_\_\_ weekend non-ambulance helper

### **Previous Training (NOTE: NONE REQUIRED) – Complete Table Below**

	EMT	CPR	First Aid	First Responder	Other _____
Check if enrolled now					
Check if expired					
Check if current					
If current, give expiration					
Give current number		N/A	N/A		

### **Driving (COMPLETE IF YOU ARE WILLING TO DRIVE THE AMBULANCE):**

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Have you been convicted of any moving violations in the last 3 years? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please explain below:

### **Limitations:**

If you are taking any medications, or have any conditions, which affect your ability to drive, lift heavy objects, or be in stressful situations, please explain briefly below:

### **References:**

Please provide the names of 2 NON-RELATIVE personal references whom we can contact.

1. Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

.....  
I understand that TVAC has an accident and life insurance policy, and I wish my beneficiary to be:

Name \_\_\_\_\_ Relation \_\_\_\_\_

By signing below, I agree that TVAC personnel may call my personal references, conduct a criminal background check, and/or request either medical exams or drug testing, either initially or at any time during my membership, as part of their investigation into my suitability to participate in the TVAC program. In addition, I confirm that the information provided above is accurate and complete, and understand that any intentional misrepresentations or omissions could result in removal of my membership privileges.

Applicant's signature \_\_\_\_\_ date \_\_\_\_\_

If under 18, a parent or legal guardian must also sign below:

Parent/Guardian signature \_\_\_\_\_ date \_\_\_\_\_

*Below this line is for TVAC use only*

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**INTERVIEW NOTES:**

**REFERENCE CHECK:**

Reference 1: NAME \_\_\_\_\_ Date called \_\_\_\_\_

Reference 2: NAME \_\_\_\_\_ Date called \_\_\_\_\_