

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 _____

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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

INTERVIEW NOTES:

REFERENCE CHECK:

Reference 1: NAME _____ Date called _____

Reference 2: NAME _____ Date called _____