



**CONGRERS – VALLEY COTTAGE
VOLUNTEER AMBULANCE CORPS, INC.**
P.O. Box 164 • Congers, N.Y. 10920
Phone: (845) 268-7333 • Fax: (845) 268-5919
www.cvcvac.org

Application for Membership

Personal Data

Date: _____

Name: _____ DOB: _____

Address: _____ City: _____ Zip: _____

AM Phone: _____ PM Phone: _____

(H) (W) (C) Circle One (H) (W) (C) Circle One

Email Address: _____

Occupation: _____ Name of Current Employer: _____

Referred by: _____

Previous Ambulance Corps Experience:

Yes **No** If yes: Corps Name: _____

Experience: _____

Certifications:

- CPR Expiration Date: _____
- First Aid Expiration Date: _____
- EMT Expiration Date: _____
- Other(List) _____

Background (Circle appropriate answer):

Except for traffic violations, have you ever been arrested for any reason?	Yes	No
Except for traffic violations, have you ever been indicted, or been a defendant in a criminal proceeding?	Yes	No
Except for traffic violations, have you ever been convicted of breaking the law?	Yes	No
Have you ever been affiliated with any society or group, which taught or advocated a doctrine that the United States government, or any political subdivision thereof, should be overthrown or overturned by force, violence, or unlawful means?	Yes	No
Have you ever served in the Armed Forces of the United States?	Yes	No
Have you ever received a discharge from the armed forces of the United States that was other than honorable?	Yes	No
Have you ever been removed involuntarily from membership in another ambulance, fire, public safety service, fraternal organization, or other service club?	Yes	No

If any of the questions above were answered “yes”, please supply details here.

Drivers License:

State: _____ Drivers License Number: _____

Have you had any traffic infractions or accidents in the past 3 years? (Explain if yes)

Yes _____ **No**

Have you ever been immunized against Hepatitis –B ? Yes (Date: _____) No

Medical – Do you have any medical or physical problems that prevent you from:

- Performing CPR?
- Carrying 125 lbs of equipment?
- Bending, squatting, kneeling, walking over uneven ground?
- Lifting 125 lbs?
- Driving a vehicle?
- Climbing / Descending Stairs?
- Are there any other physical conditions which would prevent you from meeting the requirements of being an EMT or a driver? _____

When are you available to volunteer? Please place an “X” in all boxes that apply.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6a – 12 n							
12n - 6p							
6p - 12m							
12m - 6a							

References (List at least 2 non – family members that we may contact for a reference):

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

I certify 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 the facts is grounds for rejection or dismissal. I agree, if accepted, to serve honorably and faithfully in pursuit of my duties and abide by all the laws, rules, regulations, and by – laws regarding the operation of the corps.

Signature: _____ **Date:** _____

“It is the policy of CVCVAC that membership be based on merit, qualifications, and competence, and that membership decisions be made without regard to any party’s race, color, age, sex, religion, national origin, citizenship, marital status, disability, veteran status, or any other basis prohibited by federal, state, or local law. This policy extends to every phase of the membership process including (but not limited to) recruiting, training, promotion, compensation, benefits, transfers, discipline, and expulsion.”

Interviewed by:	Date:
<input type="checkbox"/> Approved:	
<input type="checkbox"/> Not Approved:	Date:
Date member was accepted:	