

WYCKOFF VOLUNTEER AMBULANCE CORPS

APPLICATION FOR MEMBERSHIP

Some of the questions below are personal. Due to insurance and the nature of events to which you will be exposed, it is critical that we have this information. All personal data is kept confidential. Upon acceptance of membership, the Wyckoff Ambulance Corps is responsible for all training expenses. Previous experience is not a prerequisite for membership.

Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Current Address \_\_\_\_\_

Telephone \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Place of Birth \_\_\_\_\_ Height/Weight \_\_\_\_\_

Eye Color \_\_\_\_\_ Scars and/or Tattoos \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_

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How long have you lived at this address? \_\_\_\_\_

Previous Address \_\_\_\_\_

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Driver's License # \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Have you had any motor vehicle violations in the last 3 years? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

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Education \_\_\_\_\_

Do you have any medical restrictions that could hinder you from lifting or performing other medical services such as CPR? \_\_\_\_\_

If, yes please explain \_\_\_\_\_

First Aid Experience/Certification (CPR) \_\_\_\_\_

Shift Preference (please circle)

DAY

NIGHT

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Have you ever been a member of another Ambulance Squad or Corps (paid or volunteer)? \_\_\_\_\_

If yes, please list any previous affiliations, dates of membership, and reason for leaving

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Personal Reference

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

What is your relationship to this reference? \_\_\_\_\_

Work Reference

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

What is your relationship to this reference? \_\_\_\_\_

Previous Ambulance Squad or Corps Reference (If not applicable please choose another personal or work reference)

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

What is your relationship to this reference? \_\_\_\_\_

The undersigned further agrees to hold harmless and release from liability, under any and all possible causes of legal actions, the Wyckoff Volunteer Ambulance Corps, the Wyckoff Police Department, its officers, its employees, and its investigations into my background, health, family, personal habits, and character. The undersigned understands that a background check of the above information may be made and grants permission to the Wyckoff Volunteer Ambulance Corps to obtain it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*All applicants must be at least 18 years old and possess a valid non-provisional license. If you are in high school we understand that you schoolwork is your top priority. In order for you to ride a full night shift (6pm-7am) we require a parent or guardian's permission.*

Parent/Guardian ('s) signature \_\_\_\_\_ Date \_\_\_\_\_