

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 _____

How long have you lived at this address? _____

Previous Address _____

Driver's License # _____ Soc Sec # _____

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

If yes, please explain _____

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

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

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 _____