Scarsdale Volunteer Ambulance Corps

Membership Application Form

Name:_____

DOB: _____

Address: _____

Home Phone: _____ Work phone: _____

Social Security number: _____

Occupation: _____

Drivers License #:_____ State: _____

Expiration Date: _____ Restrictions: _____

Please answer all off the following questions, if none, so state.

1) State previous first aid medical training (CPR, first aid, EMT, etc) and expiration dates of same:

_____

_____

_____

2) List memberships in any other civic or volunteer organizations:

_____

_____

_____

3) List all employment in the last 5 years, include name and telephone number of employer:

_____

_____

_____

_____

4) Have you ever been discharged from any employment: Yes ____No ____

Explain: _____

5) Have you ever been arrested, indicted or convicted anywhere for any offense (except traffic infractions)? Yes ____No ____

Date Police agency Charge Disposition / Court Date

_____

_____

_____

6) List all moving violations within the past 5 years; state date and nature of offense(s):

_____

_____

7) Have you ever undergone treatment for alcohol or drug abuse? Yes___No___

Explain: _____

8) Have you ever suffered any mental illness or been confined to any hospital, public or private institution, for mental illness? Yes____ No____

Explain: _____

9) Do you have any prejudices that would inhibit you from administering treatment to any sick or injured person? Yes _____No _____

Explain: _____

Please list 3 references (include full name, address and telephone number.) No relatives please.

_____

_____

_____

General availability of Applicant: (check one or more)

Days _____ Nights _____ Weekends_____

Declaration:

I state all above questions have been answered by me truly and completely, understanding that any falsehood shall be sufficient reason for my immediate dismissal from the Scarsdale Volunteer Ambulance Corps (SVAC). If accepted for membership in SVAC, I shall obey it's by-laws and operational rules and policies.

I hereby authorize all Law Enforcement agencies within the United States who may have information about any past convictions to release such information to the Police Department of the Village of Scarsdale, and therefore, to SVAC solely for the purpose of determining my suitability for affiliation with SVAC. In no case will any such information be released to any other agency or individual without my written permission.

Applicant's Signature: _____ Date:_____

Notary Signature: _____ Date:_____