

Scarsdale Volunteer Ambulance Corps

Membership Application Form

Name: _____

DOB: _____

Address: _____

Home Phone: _____ Work phone: _____

Mobile Phone: _____

E-Mail Address _____

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
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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: _____

Notice/Disclosure and Acknowledgment/Release
[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING]

NOTICE/DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Scarsdale Volunteer Ambulance Corps may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of “consumer report” and/or an “investigative consumer report” obtained with regard to applicants for employment conducted by Edge Information Management, Incorporated, Post Office Box 3378, Melbourne, Florida 32902, 1-800-722-3343 consist of, but is not limited to, academic, residential, achievement, previous employment verification and/or job performance, workers compensation, professional licenses, credit reports, driving history, and criminal history records. The scope of this notice and authorization is all-encompassing, however, allowing **Scarsdale Volunteer Ambulance Corps** to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGEMENT/RELEASE/AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and that I have read and understand this document. I understand that I may also have the right to request additional disclosures regarding the nature and scope of the investigation as well as the right to request a copy of A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT. If requested, the consumer reporting agency will explain the contents of my file. I understand that proper identification will be required and that I should direct my request to: **Edge Information Management, Incorporated, Post Office Box 3378, Melbourne, Florida 32902. Phone 1-800-725-3343. FAX 1-800-780-3299.** I hereby authorize the obtaining of “consumer reports” and/or investigative consumer reports: at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Edge Information Management, Incorporated, another outside organization acting on behalf of **Scarsdale Volunteer Ambulance Corps** and/or **Scarsdale Volunteer Ambulance Corps** itself. I agree that a facsimile (“fax”) or photographic copy of this Authorization shall be as valid as the original.

I understand that the information requested below regarding date of birth, race and sex is for the sole purpose of gathering the above information accurately, and will not be used to discriminate against me in violation of any law.

READ, ACKNOWLEDGED AND AUTHORIZED – I authorize Edge Information to contact me at _____ for clarification of any information provided.

Phone Number

Signature

Print Name

Date

Scarsdale Volunteer Ambulance Corps

NOTE: I am providing the following voluntarily.

PLEASE PRINT CLEARLY

NAME _____
First Middle (Full) Last Other Names Known By

SOCIAL SECURITY # _____ - _____ - _____ DATE OF BIRTH (for ID purposes only) _____ - _____ - _____
MO DAY YR

SEX _____ RACE _____ DRIVER'S LICENSE # _____ STATE _____

CURRENT ADDRESS _____

CITY/STATE/ZIP _____

PREVIOUS ADDRESS _____

CITY/STATE/ZIP _____