



## Yorktown Volunteer Ambulance Corps Emergency Dial 911

### APPLICATION FOR MEMBERSHIP

Answer all questions fully and carefully in ink or typewritten:

1. Full Name: Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

are you 18 years of age or older?  yes  no

Motor vehicle operators license number and State: \_\_\_\_\_  
(Please provide a photocopy of your driver's license)

Home Address: \_\_\_\_\_

IMMEDIATE NOTICE SHOULD BE GIVEN OF ANY CHANGE OF ADDRESS

2. Phone Number: Home \_\_\_\_\_ Alternate \_\_\_\_\_

3. References: Please only give references, which you have known for at least 5 years.  
(No Clergy, family members or Corps members.)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Do you have a friend or relative in the Corps? \_\_\_\_\_

4. Have you any objections to this organization making inquires regarding your character and qualifications from:

a. Former employers?  yes  no

a. Present employer?  yes  no

If answer is "Yes" to either (a) or (b) please explain,

5. **Employment – Present:** Firm Name: \_\_\_\_\_

Type of Business \_\_\_\_\_ From: \_\_\_\_\_

6. **Employment – Former:** Firm Name: \_\_\_\_\_

Type of Business \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

7. **Education:** Name of School: \_\_\_\_\_

Year: \_\_\_\_\_ Type of Degree: \_\_\_\_\_

8. List you level of experiences including certificates and licensing pertaining to the medical profession.  
(CFR, EMT-D, EMT-I or EMT-P, etc.)

CPR certified?  yes  no Expiration date: \_\_\_\_\_

9. Except for minor traffic violations, were you ever convicted of any violations of law?  yes  no  
If your answer is "Yes" to question above, give particulars and disposition of each charge and attach to this form.

10. Were you ever, or are you a member of another Ambulance Corps or Rescue Squad?

yes  no Agency Name: \_\_\_\_\_

11. Do you have any physical disabilities or limitations?  yes  no  
If answer is "Yes" describe accurately on additional sheet.

12. **Photo ID:** (Not a copy)

13. Which shift would you prefer to ride?  6AM – NOON  NOON – 6PM  6PM – MIDNIGHT

14. Which days are most convenient for you?  Mon  Tues  Wed  Thur  Fri  Sat  Sun

15. **DECLARATION:** I declare, subject to the penalties of perjury, that the above statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and accurate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Upon completion please return in a sealed envelope to YVAC Headquarters or Mail to:**  
Yorktown Volunteer Ambulance Corps, P.O. Box 104, Yorktown Heights, NY 10598  
Attn: Membership Committee Chairperson

Date Received: \_\_\_\_\_

Date Submitted to Captain: \_\_\_\_\_