

# 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:

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

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

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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):

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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.

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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: \_\_\_\_\_