

# 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:

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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: \_\_\_\_\_

**[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING]**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**SCARSDALE VOLUNTEER AMBULANCE CORPS, INC. (SVAC)** 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 contain information regarding your criminal history, credit history, motor vehicle records (driving records), verification of your education, employment history, Social Security Number verification, licensing and certification checks, and military service history. 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 in an investigation into your education and/or employment history conducted by Edge Information Management, Incorporated, 1682 W. Hibiscus Blvd., Melbourne, Florida 32901, 1-800-722-3343, [www.edgeinformation.com](http://www.edgeinformation.com), or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing **SCARSDALE VOLUNTEER AMBULANCE CORPS, INC. (SVAC)** 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. Information regarding Edge Information Management, Incorporated’s privacy practices can be viewed at [www.edgeinformation.com](http://www.edgeinformation.com).

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**ACKNOWLEDGMENT/AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by **SCARSDALE VOLUNTEER AMBULANCE CORPS, INC. (SVAC)** 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, insurance company, or other party to furnish any and all background information requested by Edge Information Management, Incorporated, another outside organization acting on behalf of **SCARSDALE VOLUNTEER AMBULANCE CORPS, INC. (SVAC)**, and/or **SCARSDALE VOLUNTEER AMBULANCE CORPS, INC. (SVAC)** itself. I agree that a facsimile (“fax”) or photographic copy of this Authorization shall be as valid as the original.

**California Applicants or Employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or employment credit report if one is obtained by **SVAC** at no charge whenever you have a right to receive such a copy under California law.

**Minnesota and Oklahoma Applicants or Employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by **SVAC**.

**New York Applicants or Employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by **SVAC** by contacting the consumer reporting agency identified above directly.

**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, INC. (SVAC)**

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** \_\_\_\_\_

## NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

**SCARSDALE VOLUNTEER AMBULANCE CORPS, INC. (SVAC)** intends to obtain information about you from an investigative consumer reporting agency and/or consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of “investigative consumer reports” and “consumer credit reports” obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as the term is defined under California law) and any employment credit report will be **Edge Information Management, Incorporated, Post Office Box 3378, Florida 32902, 1-800-725-3343.**

**SCARSDALE VOLUNTEER AMBULANCE CORPS, INC. (SVAC)** agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA’s file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is repaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA’s complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA’s.

“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.