



PLEASANTVILLE VOLUNTEER AMBULANCE CORPS MEMBERSHIP APPLICATION

APPLICANT NAME: _____ D.O.B: _____
FIRST MI LAST MM/DD/YYYY
ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
HOME PHONE: _____ MOBILE PHONE: _____
EMAIL ADDRESS: _____ ARE YOU UNDER 18 YEARS OLD? YES NO

OCCUPATION: _____ PHONE: _____
ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PREVIOUS OR CURRENT CERTIFICATIONS:
NEW YORK STATE EMT NUMBER: _____ EXPIRATION DATE: _____
NEW YORK STATE FIRST RESPONDER NUMBER: _____ EXPIRATION DATE: _____
CPR EXPIRATION DATE: _____
CPR INSTRUCTOR TYPE: _____ EXPIRATION DATE: _____

ANY APPLICANT HOLDING CURRENT CERTIFICATION MUST PRODUCE CARDS PRIOR TO ACCEPTANCE.
HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO IF YOU SELECTED YES PLEASE EXPLAIN BELOW:

PREVIOUS AFFILIATIONS:
AGENCY NAME: _____ AGENCY NAME: _____
CITY/STATE/ZIP: _____ CITY/STATE/ZIP: _____
CONTACT/PHONE#: _____ CONTACT/PHONE#: _____

POSITION DESIRED: _____ SHIFT DESIRED: _____
EMT DAYS (7:00 TO 19:00)
DRIVER WEEKEND DAYS (7:00 TO 19:00)
AUXILIARY NIGHTS (19:00 TO 7:00)
YOUTH CORPS

LIST TWO REFERENCES BELOW. REFERENCES MUST BE FROM EMPLOYER, SCHOOL, RELIGIOUS ORGANIZATION, ETC.

NAME: _____
RELATIONSHIP: _____
PHONE: _____

NAME: _____
RELATIONSHIP: _____
PHONE: _____

THIS APPLICATION IS A PDF FILL IN. THIS APPLICATION MUST BE COMPLETED TO THE BEST ABILITY OF THE APPLICANT.
CONFIDENTIALITY STATEMENT: PLEASANTVILLE VOLUNTEER AMBULANCE CORPS WILL NOT DISCLOSE ANY PERSONAL INFORMATION TO ANY THIRD PARTY FOR ANY REASON EXCEPT INFORMATION NEEDED TO OBTAIN DRIVING RECORDS AND CRIMINAL BACKGROUND CHECKS WHEN NEEDED.
BY SIGNING THIS APPLICATION I HEREBY APPLY FOR MEMBERSHIP IN THE PLEASANTVILLE VOLUNTEER AMBULANCE DISTRICT, INC., A NON-PROFIT CORPORATION COMPOSED OF VOLUNTEER MEMBERS. I DECLARE THAT ALL INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. FALSIFICATION OF THE ABOVE INFORMATION WILL RESULT IN REMOVAL FROM THE AMBULANCE CORPS AND POSSIBLE CRIMINAL CHARGES. I WILL MEET AND MAINTAIN ALL MEMBERSHIP REQUIREMENTS AS DEFINED IN THE PVAC BY-LAWS. I FURTHER AGREE TO OBEY ALL RULES AND REGULATIONS OF PVAC NOW IN EFFECT OR HEREAFTER ADOPTED, AND WILL ABIDE BY THE PVAC BY-LAWS, STANDARD OPERATING GUIDELINES AND CODE OF ETHICS.
MEMBERS UNDER THE AGE OF 18 REQUIRE A PARENT OR GUARDIAN'S SIGNATURE BELOW.

APPLICANT SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE DATE