



Pleasantville Volunteer Ambulance Corps.

30 Gramercy Place • Thornwood, New York 10594 • (914) 769-9299 • www.pleasantvillevac.org

Membership Application

Personal Information:

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Current Employer:

Name: _____ Phone: _____

Address: _____

Membership Status Requesting:

AIDER DRIVER EMT YOUTH CORPS

Certifications:

Please check All that Apply:

<input type="checkbox"/> CPR	Exp. Date: _____
<input type="checkbox"/> First Aid/ CFR	Exp. Date: _____
<input type="checkbox"/> EMT-B	Exp. Date: _____
<input type="checkbox"/> Other:	Exp. Date: _____

Emergency Contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Have you ever been convicted of a felony or misdemeanor or are currently under investigation for any criminal acts? Yes No

If YES Explain:

Have you ever been discharged for misconduct or unsatisfactory service or asked to resign from any Emergency Service agency? Yes No

If Yes, Explain:

Personal References:

Please list three (3) personal references who are not related to you. One reference should be in a supervisory position.

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Attestation:

I attest that the statements made on this application are true and I understand that all information provided is subject to verification. Any false information provided on this application may disqualify me as a potential member of the Pleasantville Volunteer Ambulance Corps.

Applicant Signature: _____ Date: _____

Parent/Guardian (if applicant is under 18 y/o): _____ Date: _____