

# Old Forge Volunteer Ambulance Corps, Inc.

PO Box 887 • Old Forge, New York 13420

## Application for Membership

Date \_\_\_\_\_

Office Use: Y\_\_\_\_\_ N\_\_\_\_\_ Date\_\_\_\_\_

Name: (First, Middle, Last) \_\_\_\_\_

Physical Address with PO Box #: \_\_\_\_\_

City, Town or Village, State, Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_)\_\_\_\_\_ (Cell) (\_\_\_\_)\_\_\_\_\_ (Home) (\_\_\_\_)\_\_\_\_\_ (Work)

Email: \_\_\_\_\_

How long have you resided at the above address? \_\_\_\_\_

How long have you resided in New York State? \_\_\_\_\_

Are you 18 years of age or older? Yes\_\_\_\_ No\_\_\_\_ If not, state your age\_\_\_\_\_

Have you ever changed your name or used an assumed name? Yes\_\_\_\_ No\_\_\_\_

If Yes, please explain: \_\_\_\_\_

Are you currently employed? Yes\_\_\_\_ No\_\_\_\_. If yes please give employment information.

Name, Address, contact: \_\_\_\_\_

May we contact your employer? Yes\_\_\_\_ No\_\_\_\_

What Membership would you like? Please check. \_\_\_ Active \_\_\_ Junior \_\_\_ Social \_\_\_ Life

Those applying for active membership will serve a six month probationary period as defined in the bylaws.

Have you ever served in an ambulance corp before? Yes\_\_\_\_ No\_\_\_\_. If yes, where?

Previous other emergency experiences (fire, rescue, police, EMT? \_\_\_\_\_

Are you EMT Certified? Yes\_\_\_\_ No\_\_\_\_ If yes, what level? \_\_\_\_\_

Do you have a valid drivers license? Yes\_\_\_\_ No\_\_\_\_ If yes, please make copy of your card and attach to this application.

Have you ever been a member of the United States Armed Forces? Yes\_\_\_\_ No\_\_\_\_  
If yes, did you receive an honorable discharge? Yes\_\_\_\_ No\_\_\_\_. If no, please tell us why.

Have you ever been convicted or pled guilty to a felony including, but not limited to, insurance fraud, arson, child or elderly endangerment or abuse, animal cruelty or a similar offense within the same category, or a reduction of one of these offenses? Yes\_\_\_\_ No\_\_\_\_. If yes, please state what it is. \_\_\_\_\_

Policies may require that you pass a physical examination that includes a drug screen before becoming an ambulance volunteer. The departments physician will provide you with a free medical examination. Will you be willing to undergo a medical examination? Yes\_\_\_\_ No\_\_\_\_.

Please list three personal references: (Name, Address and Telephone number.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please have three members of the OFVAC that you know sign this Application for membership.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED/OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING.

IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_ BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Witness to Applicants Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### PRIVACY NOTIFICATION

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information which will be maintained in record system is collected from you. The authority to request and confirm personal information about you is found in Article 6 of the Executive Law. The information obtained will: Be used to determine your qualifications for the position for which you are applying; Be maintained in your personnel file (if you become a member) or in our resume file for six months (if you are not a ambulance member). Failure to provide the information or authorization will result in your application not being considered for membership. The information will be maintained by the secretary of the Old Forge Volunteer Ambulance Corp, Inc.

