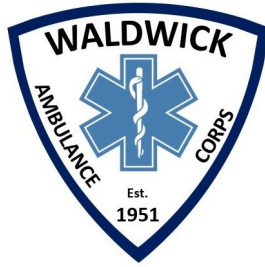


Waldwick Volunteer Ambulance Corps Membership Application



20 Whites Lane Waldwick, New Jersey 07463
201-445-8772

Thank you for expressing an interest in the Waldwick Volunteer Ambulance Corps Inc. (WALVAC). Members of our organization respond to emergency calls 24 hours a day, 7 days a week. Our membership is staffed by volunteers looking to give back to the community. We take pride in being able to offer help and assistance to our neighbors.

You are taken the first step towards becoming a member of our organization. Once you've completed the application, please return it to us electronically or by dropping it off at our headquarters. The Membership Committee will the review it and contact you to schedule an interview.

The interview gives The Membership Committee an opportunity to explain our training requirements and obligations of membership. This is a good time for us to answer any questions you may have. If you are under the age of 18, you will be required to bring a parent or guardian with you.

If accepted for membership, you will begin a probationary period during which time you will become CPR certified, ride on the ambulance as part of a crew, participate in monthly training sessions and attend EMT (Emergency Medical Technician) school. During this time, senior members of the Corps will be guiding you and evaluating your commitment and dedication to the Corps as well as your developing skills.

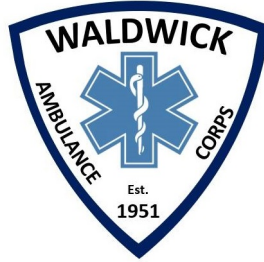
Being a member of WALVAC is a rewarding and fulfilling experience. We look forward to meeting with you.

Should you need more information please call 201-445-8772 or email us at info@waldwickem.com.

Sincerely,

WALVAC Membership Committee

Waldwick Volunteer Ambulance Corps Membership Application



Probationary Member Cadet Member (16 and 17 yrs. old)

Personal Information

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____
Home Phone: _____ Cell Phone: _____
Email: _____

Emergency Contact

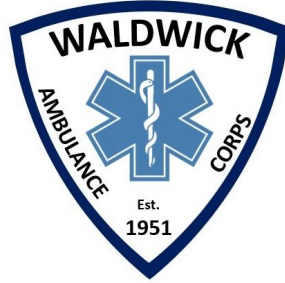
Name: _____ Relationship: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

Skills/Experience

- | | | | |
|--|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> First Aid / EMS | <input type="checkbox"/> Grants | <input type="checkbox"/> Fire Fighter | <input type="checkbox"/> HAZCOM |
| <input type="checkbox"/> ICS | <input type="checkbox"/> Mechanics | <input type="checkbox"/> HAZMAT | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Medical Terms | <input type="checkbox"/> Nursing | <input type="checkbox"/> Typing | <input type="checkbox"/> PC Repair |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> MS Office | <input type="checkbox"/> Detailed Oriented | <input type="checkbox"/> Web Design |

Please list any additional skills you have along with the areas you are interested in helping our organization with:

Waldwick Volunteer Ambulance Corps Membership Application



Work / Volunteer History (List most current first)

Employer: _____ Position: _____

Street Address: _____

City: _____ State: _____ Zip: _____

May we contact this employer? Yes No Work Phone: _____

Start Date: _____ End Date: _____

Supervisor: _____ Title: _____

Why did you leave this employer? N/A _____

Employer: _____ Position: _____

Street Address: _____

City: _____ State: _____ Zip: _____

May we contact this employer? Yes No Work Phone: _____

Start Date: _____ End Date: _____

Supervisor: _____ Title: _____

Why did you leave this employer? N/A _____

Have you ever been a member of an ambulance service? Yes No

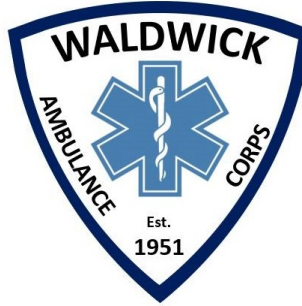
Volunteer Paid Municipality _____

Name of Supervisor: _____ Phone: _____

Start Date: _____ End Date: _____

Personal Reference (Not family Member): Name and phone: _____

**Waldwick Volunteer Ambulance Corps
Membership Application**



Certification / Licenses
(Copies will be required to membership)

Driver's License: No Yes

License Number: _____

CDL: No Yes

Expiration Date: _____

Date Issued: _____

AHA CPR: No Yes

Date Issued: _____

Expiration Date: _____

EMT: No Yes

State or NREMT ID Number: _____

Date Issued: _____

Expiration Date: _____

CEVO: No Yes

Other: _____

Date Issued: _____

Expiration Date: _____

Identification Number: _____

Other: _____

Date Issued: _____

Expiration Date: _____

Identification Number: _____

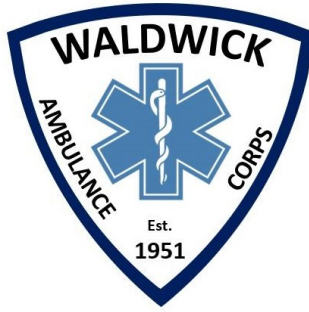
Other: _____

Date Issued: _____

Expiration Date: _____

Identification Number: _____

Waldwick Volunteer Ambulance Corps Membership Application



Driving Background Information

Type of driving experience: Car Van Truck Ambulance

Other:

Have any of your certifications or licenses ever been revoked? No Yes: (Explain below)

Have you ever been arrested and/or convicted of a crime?

No Yes: (Explain below)

Reckless Driving

Date(s): _____

Speeding

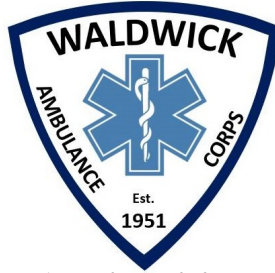
Date(s): _____

DUI/DWI

Date(s): _____

Explanation:

Waldwick Volunteer Ambulance Corps Membership Application



Availability

Times available for Training / Duty:

Sunday	Yes	No	Hours: _____
Monday	Yes	No	Hours: _____
Tuesday	Yes	No	Hours: _____
Wednesday	Yes	No	Hours: _____
Thursday	Yes	No	Hours: _____
Friday	Yes	No	Hours: _____
Saturday	Yes	No	Hours: _____

Please list any restrictions that may or will affect your availability for volunteer work:

I hereby authorize any person, company, and or educational institution I have listed as a reference on my employment application to fully disclose in good faith any information they may have regarding my qualifications for employment. I will not hold any prospective or former employer, educational institutions, and nor any other persons giving references liable for the exchange of this information along with any other reasonable and necessary information that is necessary and inherent to the employment process.

I fully understand that submission of this application does not guarantee membership in the Waldwick Volunteer Ambulance Corps, Inc. I certify that the statements made herein are the truth, and I do authorize the Waldwick Volunteer Ambulance Corps or its agents or designees to conduct such investigations as deemed necessary.

Signature: _____ **Date:** _____

Guardian Signature(If under 18): _____ **Date:** _____

ADMINISTRATIVE USE ONLY

Date Application Received: _____ Date of Interview: _____

Date Background Check Conducted: _____ Date Credentials Reviewed: _____

Date of Acceptance: _____

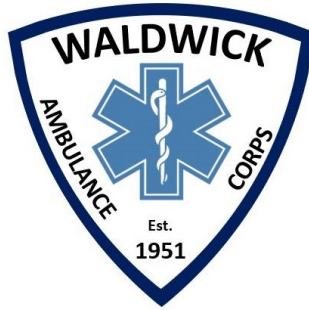
Comments: _____

Committee Members Present At Interview: _____

Membership Type: _____

Entered By : _____

Waldwick Volunteer Ambulance Corps Membership Application



Parental Consent Form for Minor Applicants

To be completed by the parents or guardians of all applicants who are under 18 years of age prior to interview.

I / We hereby grant permission for my/our son/daughter to apply for membership in the Waldwick Volunteer Ambulance Corps. I /we understand I/we may withdraw my/our son/daughter from WALVAC at any time.

(Print Name of Applicant)

(Signature of Parent or Guardian)

(Date)

(Print Name of Parent or Guardian signing above)

(Signature of Second Parent or Guardian) Optional

(Date)

(Print Name of Parent or Guardian signing above)