

Tuxedo Volunteer Ambulance Corps, Inc., P.O.Box 726, Tuxedo, NY 10987

Application for JR Riding Membership

(Once applications are completed, please mail to the above address, attn: Captain)

Date: _____

Applicant's Name: _____
(First) (Middle) (Last)

Date of birth: _____ Age: _____ [] Male [] Female

Home address: _____
(Street) (City) (State) (Zip)

Previous Address (if at above address for less than two years)

(Street) (City) (State) (Zip)

E-mail address: _____

Phone #: (____) _____ Social Security #: _____

Driver's License #: _____ State of Issue: _____

Current Occupation: _____

Have you ever applied/been a member at any ambulance corps? [] Yes [] No
-> if yes, name and address of ambulance corps (if more than 1, write down all):

(Name) (Street) (City) (State) (Zip)

Do you have a valid CPR-D card?: [] Yes [] No; if yes, exp. date: _____

Do you have a valid NYS EMT: [] Yes [] No

-> Certification #: _____, exp. date: _____, State of issue: _____

Have you ever been convicted of a crime (felony or misdemeanor)? [] Yes [] No
-> if yes, what and when: _____

Have you ever been convicted of a vehicular moving violation? [] Yes [] No
-> if yes, what and when: _____

List two character references:

(Name) (Phone #) (Relationship to you) (City + State of address)

(Name) (Phone #) (Relationship to you) (City + State of address)

Days and hours of availability: _____

I hereby agree to abide by the provisions – The Charter, By-Laws, and Standard Operating Guidelines set forth by the Tuxedo Volunteer Ambulance Corps, Inc. Also, by signing this application, I certify that all above information is true and accurate to the best of my knowledge.

Signature of applicant: _____

(PLEASE TURN OVER)

Tuxedo Volunteer Ambulance Corps, Inc., P.O.Box 726, Tuxedo, NY 10987

Application for Membership (continued)

DISCLOSURE & RELEASE

In connection with my application for membership to the Tuxedo Volunteer Ambulance Corps, Inc., I understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record, including court actions, citations, license suspensions and revocations.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to obtain information as to the name, address, and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within two (2) years prior to my request.

The authorization shall remain on file and shall serve as an ongoing authorization for the organization to procure motor vehicle reports or other necessary reports at any time during my membership.

Applicant's Name (print neatly): _____

Applicant's Signature: _____

****Signature of parent/guardian is required if applicant is under 18 years of age.****

Parent/Guardian's Name (print neatly): _____

Parent/Guardian's Signature: _____

Date: _____

Tuxedo Volunteer Ambulance Junior Corps **Permission to Participate in Corps Activities**

I, _____, give permission for
(Parent's/Guardian's name)

_____ to participate with the
(Applicant's name)

Tuxedo Volunteer Ambulance Junior Corps. I, the above named applicant, know, understand, and agree to the following:

- While on duty, I must remain within a one minute response time to the ambulance corps building. If I leave the building, I must notify the crew chief of where I will be.
- While on duty, I must be in an approved uniform as stated in the By-laws.
- I must follow the orders of any Sr. Corps member, unless I feel the order will jeopardize my safety.
- I will not use any disrespectful, harassing, or profane language or symbols towards anyone at any time.
- I will not participate in any hazardous activities while in the building, on the grounds, or on a call.
- I am expected to participate in all activities run by the Jr. Corps or combined activities of the Jr. and Sr. Corps. If I cannot attend, I must have a valid reason.
- I am allowed to ride on the ambulance with the Sr. Corps crew members on all ambulance calls except calls on the NYS Thruway and aid in the care of the patient(s) while being overseen by a Sr. Corps members.
- I am not allowed to ride the ambulance/respond to calls or participate in any activities that take place during school hours, after 9:00 pm on weekdays, or after 11:00 pm on weekends which is in compliance with the child labor laws of New York State.
- I will not perform any HIPPA violations.
- I must abide by the Sr. and Jr. Corps By-laws and Sr. Corps Standard Operating Guidelines.

Applicant's Signature: _____

Parent/Guardian's Signature: _____

Date: _____