

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

**Application for 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 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: \_\_\_\_\_

What committee(s) are you interested in?:

\_\_\_\_\_

List two character references:

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

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

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)

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**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: \_\_\_\_\_