

References

Please list three references, other than relatives, that we may contact.
(i.e. Employer, First Aid Instructor, Corps Member, Friend)

Name	Address	Phone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other

Please list any other details about yourself that might be pertinent.

Please read the following statements; they constitute the conditions under which you can receive membership into Warwick Community Ambulance Service, Inc.

1. The information that I have provided on this application (including Security Information on page 3) is accurate to the best of my knowledge and is subject to validation by Warwick Community Ambulance Service, Inc.
2. I authorize the persons and employers named in this application to provide Warwick Community Ambulance Service, Inc. with any relevant information that may be required to arrive at a membership decision.
3. I understand and agree that:
 - a. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of membership, and if already a member, termination of membership with the Warwick Community Ambulance Service, Inc.
 - b. For persons applying for Senior Corps, a pre-membership physical examination (provided by Warwick Community Ambulance Service, Inc.) and signed release statements will be required by Warwick Community Ambulance Service, Inc. (Results will be held in confidence by Warwick Community Ambulance Service, Inc. except where release of such information is required by law.)
 - c. If granted membership, I will sign a Confidentiality Agreement, in which I will agree not to divulge any confidential information gained through membership in Warwick Community Ambulance Service, Inc. This includes any patient information as well as any Warwick Community Ambulance Service, Inc. business.

Signature of Applicant: _____ Date: _____

Parental Permission Slip - Junior Corps Membership Only

I, _____ give _____ permission to participate in all
(Print Name of Parent/Legal Guardian) (Print Applicant's Name)

functions of The Junior Warwick Volunteer Ambulance Corps and have read and fully understand the protocols and Rules of same.

Signature of Parent/Legal Guardian: _____ Date: _____

Parent/Legal Guardian's Home Phone: _____ Business Phone: _____

Security Information

***This is to only be filled out by persons applying for Senior Corps membership only.**

This portion of your application will be detached if granted membership by Warwick Community Ambulance Service, Inc. and will not become a part of your personnel record. Only the internal Investigating Committee of the Warwick Community Ambulance Service, Inc. will be allowed this information.

Have you been convicted of a crime within the last five years: Yes No

If yes, please briefly describe the circumstances of your conviction, indicating the date, nature, and place of the offense and the disposition of the case. Your answer is looked upon as only one of the factors considered in the membership decision and is evaluated in terms of nature, severity, and date of the offense.

DO NOT include arrests without convictions, convictions adjudged 'Youth Offender'.

Signature of Applicant: _____ Date: _____

DO NOT WRITE IN SPACE BELOW

(Following information is to be filled out by Investigating Committee for Senior Corps membership and Junior Corps Advisor for Junior Corps Membership ONLY)

Junior Corps Findings:

Does the Junior Corps Advisor propose membership? Yes No

Signature: _____ Date: _____
(Junior Corps Advisor)

Senior Corps Findings:

Are all necessary requirements for membership in place? Yes No

Does the Investigating Committee propose membership? Yes No

Signature: _____ Date: _____
(Investigating Committee Chairman)

Committee Members: _____

Note: Investigating Committee must properly discard page 3 (Security Information) of this application upon completing this part and before turning this application over for filing in the personnel files. Security Information is for use of the Investigating Committee only and will **NOT** be discussed with other members of Warwick Community Ambulance Service, Inc. or others.

Follow Up:

Date accepted for membership Date: _____

Date Notified Date: _____