APPLICATION FOR MEMBERSHIP

Warwick Community Ambulance Service, Inc. P.O. Box 315 Warwick, New York 10990-0315

All applicants must fill out the following information. Please mail this application along with photocopies of your valid Driver's License, First Aid Certificate, and CPR certificate.

Applying for: Senior Corps			☐ Junior Corps				
Date of	applicatio	n:					
Personal Information			E-n	nail			
Name:	(First)	(NA: - - -)	(I pot)		Phone No.	:	
Address			(Last)		Cell Phone	• No.:	
	(Street)					r:	
	(City)		(State)	(Zip Code)			
1. Are y	you a citiz	en of the United	d States:]Yes □ No
2. Are y	you a lega	I resident of the	United States:				Yes No
3. Are y	you over 1	8 years of age					Yes □ No
4. Do y	ou hold a	valid New York	State Driver's Lice	nse: (Attach a photoco	opy to application	n)	Yes No
If Yes	s, Driver's	License Numb	oer:			Exp. Date:	
5. Do y	ou hold a	current First Ai	d Certificate: (Attach	a photocopy to applic	ation)		Yes □ No
If Yes	s, Type of	Certificate:				Exp. Date:	
6. Do y	ou hold a	current CPR C	ertificate: (Attach a pl	notocopy to application	n)		Yes No
If Yes	s, Type of	Certificate:				Exp. Date:	
7. Othe	r Certifica	tions Held: (Atta	ach a photocopy to app	olication)			
Туре	of Certific	cate:				Exp. Date:	
Туре	of Certific	cate:				Exp. Date:	
Туре	of Certific	cate:				Exp. Date:	
<u>Employ</u>	ver Inform	nation_					
Name:					Phone No.	:	
Address	S:						
	(Street)						
	(City)		(State)	(Zip Code)			

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: Parental Permission Slip - Junior Corps Membership Only _____permission to participate in all

Rules of same.

(Print Name of Parent/Legal Guardian)

Parent/Legal Guardian's Home Phone: _____

Business Phone:

(Print Applicant's Name)

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

Signature of Parent/Legal Guardian: _____ Date: _____ Date:

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 year	rs: Yes 🗌	No
If yes, please briefly describe the circumstances of your co offense and the disposition of the case. Your answer is loc membership decision and is evaluated in terms of nature, s	oked upon as only one of the factors considered in the	
		_
		_
		_
DO NOT include arrests without convictions, convictions ad	djudged 'Youth Offender'.	
Signature of Applicant:	Date:	

DO NOT WRITE IN SPACE BELOW

Junior Corps Findings:

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

Does the Junior Corps Advisor propose membership?	Yes □ No
Signature: (Junior Corps Advisor)	Date:
Senior Corps Findings:	
Are all necessary requirements for membership in place?	Yes No
Does the Investigating Committee propose membership?	Yes No
Signature: (Investigating Committee Chairman)	Date:
Committee Members:	
Note: Investigating Committee must properly discard page 3 (Security Info completing this part and before turning this application over for filing in the for use of the Investigating Committee only and will NOT be discussed with Ambulance Service, Inc. or others.	personnel files. Security Information is
Follow Up:	
Date accepted for membership	Date:
Date Notified	Date: