

# NORTHVALE VOLUNTEER AMBULANCE CORPS

196 FIRENZE STREET, NORTHVALE, NJ 07647

Telephone: 201-768-6040

## MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ AGE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

\_\_\_\_\_ HOME EMAIL: \_\_\_\_\_

DO YOU HAVE A VALID NEW JERSEY DRIVER'S LICENCE? [ ] YES [ ] NO

LICENSE NO: \_\_\_\_\_ EXPIRATION DATE: \_\_\_/\_\_\_/\_\_\_

DO YOU HAVE ANY POINTS ON YOUR LICENSE? [ ] YES [ ] NO

HAVE YOU EVER BEEN ARRESTED AND CONVICTED OF A FELONY? [ ] YES [ ] NO

DO YOU HAVE ANY PRIOR FIRST AID EXPERIENCE? [ ] YES [ ] NO

IF YES, PLEASE PROVIDE DETAILS: \_\_\_\_\_

PLEASE INDICATE THE SPECIFIC NIGHT OR NIGHTS THAT YOU ARE AVAILABLE TO PROVIDE COVERAGE (7 PM to 6 AM):

SUNDAY [ ] MONDAY [ ] TUESDAY [ ] WEDNESDAY [ ] THURSDAY [ ] FRIDAY [ ]

IF YOU ARE ALSO AVAILABLE DURING THE DAYTIME, PLEASE INDICATE THE DAYS THAT YOU ARE AVAILABLE:

MONDAY [ ] TUESDAY [ ] WEDNESDAY [ ] THURSDAY [ ] FRIDAY [ ]

DO YOU HAVE ANY PHYSICAL OR MENTAL PROBLEMS THAT MAY PREVENT YOU FROM PERFORMING YOUR DUTIES AS A MEMBER OF THE NORTHVALE VOLUNTEER AMBULANCE CORPS? [ ] YES [ ] NO

PLEASE LIST THREE REFERENCES AND RELATIONSHIP:

1. \_\_\_\_\_ (Your Signature)

2. \_\_\_\_\_

3. \_\_\_\_\_ (Date)

Please return the completed form to the address above or you may give the completed form to any existing member. We will be in touch with you shortly!