

Date Submitted _____



MONROE VOLUNTEER AMBULANCE CORPS

Application for Membership – Referred by: _____

Personal Information:

Name: _____ Email: _____

Street Address: _____ City/State/ZIP: _____

How long have you resided at the above address? _____ Cellphone Provider: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Are you over 18 years of age? Yes No If no; how old are you? _____

Emergency Contact Name: _____

Emergency Contact Phone: _____ Relationship: _____

Position Applying For:

Driver License # _____ State: _____ Class: _____ Expires: _____

EMT Certification #: _____ Expires: _____

Youth Squad (Ages 15-17)

CPR Certification? Yes No If yes, when was it issued? _____ Expires: _____

Shift Desired/Availability: Day Evening Weekend Date available to start: _____

Are you a member of any other emergency service? Yes No If yes, which service? _____

Have you ever applied to Monroe Volunteer Ambulance Corps? Yes No If yes, when? _____

Emergency Services Volunteer History:

From	To	Name & Address of Agency	Position	Reason for Leaving

Personal References (Not related to you):

Name	Address	Contact Number	Relationship	Years Known

Date Submitted _____

Military Service:

From	To	Branch	Honorable Discharge?

Have you ever been convicted of a felony, misdemeanor, insurance fraud, arson, or any other criminal offense?

Yes No

Do you have any conditions which may impair your ability to actively engage in emergency calls, operate an emergency vehicle, interact with crew members, patients, or other emergency services (e.g. local and/or state police, fire departments, or EMS agencies)? Yes No

Is additional information about a change in your name or use of an assumed name or nickname necessary to enable a check on your eligibility for membership? Yes No

Our regulations require that you furnish documentation or obtain certain immunizations and health/diagnostic checks prior to actively participating on calls and tours of duty. A health facility in Orange County designated by Monroe Volunteer Ambulance Corps will provide you with these immunizations and these diagnostic tests at no cost to you. Are you willing to undergo a medical examination and obtain immunizations for clearance? Yes No

Please list the names of any acquaintances that are current or former members of Monroe Volunteer Ambulance Corps:

Authorization for Driving Record Abstract:

I, the undersigned applicant, hereby agree and grant permission to the Monroe Volunteer Ambulance Corps to secure and review my motor vehicle records. I understand that this review is for insurance underwriting purposes, that is, acceptance of the applicant's driver's license as acceptable to the Insurance Company. If the applicant's driver's license is not acceptable to the Insurance Company, the applicant's membership shall be denied.

Applicant's Signature _____

Date: _____

Witness's Signature _____

Date: _____

Date Submitted _____

Authorization:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if accepted as a member; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of statements contained herein and the references listed above to give you any and all information concerning any pertinent information they may have, personal or otherwise, and release Monroe Volunteer Ambulance Corps from all liability for any damage that may result from utilization of such information.

I authorize all licensing agencies, law enforcement agencies, present and former organizations, and the military services to provide any and all pertinent information they may have, personal or otherwise, and release Monroe Volunteer Ambulance Corps from all liability from any damage that may result from utilization of such information.

This authorization, in original copy form, shall be valid for this and any future information, reports, or updates that may be requested.

I understand that this form shall accompany requests for official documents and confirmations of my license(s), certification(s), and/or credentials.

I understand my name will be checked against the Sex Offender Registry and a negative outcome will negate this application.

Within the Freedom of Information Law, all information contained or obtained herein will remain confidential and will be used only for internal membership processing.

In witness whereof, this application has been subscribed this _____ day of _____ 20__ by the undersigned applicant who affirms that the statements made herein are true and accurate under the penalties of perjury.

Applicant's Signature _____

Date: _____

Witness's Signature _____

Date: _____

FOR OFFICIAL USE ONLY

Received Date: _____ by _____

Cleared Personnel Date: _____ by _____

License Check Date: _____ by _____

Received by Committee Date: _____ by _____

Interviewed by Committee Date: _____ by _____

Name Read Date: _____ by _____

General Membership Vote Date: _____ by _____

Letter sent to applicant on _____ by _____ Status: ACCEPTED DENIED

Comments: _____