

Ardsley-Secor Volunteer Ambulance Corps
19 American Legion Drive, P.O. Box 133, Ardsley, NY 10502
(914) 693-3673

Application for Membership

Date: _____

I, _____ hereby apply for membership in the Ardsley-Secor Volunteer Ambulance Corps, Inc., a non-profit corporation composed of volunteer responders providing emergency medical services.

I declare that I am at least 18 years of age, and that the information given below is true in all respects:

Please Print

Name: _____
(last) (first) (middle)

Address: _____
(street) (post office) (zip)

Phone numbers: _____
(home) (cellular)

Date of birth: _____ E-Mail Address: _____

Occupation: _____

Work address & phone: _____

Education

High School Attended: _____ Year Graduated: _____

College: _____ Year Graduated: _____
(or projected)

Post Graduate: _____ Year Graduated: _____

Degrees & Other Education Completed: _____

Level of EMS Training (check any that apply)

CPR Certification
Expires _____

EMT Certification
Expires _____

Standard First Aid
Expires _____

Advanced First Aid
Expires _____

NYS Driver's License Number: _____

Has your license ever been suspended or revoked? _____ If yes, date: _____

Have you had any moving violations in past three years? _____

If yes, date & explanation: _____

I give MVR Insurance Agency permission to check my driver's license information as a member of the Ardsley-Secor Volunteer Ambulance Corps, Inc.

I agree that, if accepted as a 6-month probationary member, I will obey all rules and regulations of the Ardsley-Secor Volunteer Ambulance Corps, Inc., now in effect or hereafter adopted by the members and will abide by its By-Laws.

Signature of Applicant: _____

On reverse side, please provide two local references including names, address & phone number. Also, list names of any ASVAC members you know.

References:

Please list names, addresses, and phone numbers of two local references. Do not include the teacher listed as a reference on page one.

1) Name: _____ Phone: _____

Address: _____

2) Name: _____ Phone: _____

Address: _____

ASVAC Members

Please list the name(s) of any ASVAC members with whom you are acquainted or who referred you for membership:

1) _____ 2) _____

3) _____ 4) _____

IF YOUR APPLICATION IS APPROVED YOU WILL BE NOTIFIED BY AN OFFICER OR THE SECRETARY.