

William Paul Faist Volunteer Ambulance Corps, Inc.

3 Red Schoolhouse Road
Chestnut Ridge, New York 10977

Serving the Community Since 1977

APPLICATION FOR JUNIOR MEMBERSHIP

(Age Requirement: 15-17 years old)

Date of application: _____

Last name: _____ First Name: _____

Street Address: _____

City/State/Zip: _____

Mailing Address (if different from above) _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

*Date of Birth: _____ *Social Security Number: _____

*You do not have to provide this information at this time. However, when you become a member, you will need to provide it for our insurance company.

Driver's License #: _____ State: _____ Class: _____ Exp. Date: _____

List other volunteer organizations to which you currently belong.

List any medical training, such as first aid or CPR, and expiration dates:

Do you have any limitations, physical or other, that might impair your functioning as a member of this Corps? _____
If YES, please explain:

NOTE: After becoming a member of this Corps, you are required to notify us of any change in your health status.

Please **print** the full names, addresses, city, and zip codes of four (4) references who know you for a minimum of one (1) year. They will be contacted and asked to complete a questionnaire about your character and emotional stability. Do NOT list relatives.

By signing this application, I will agree to the following requirements when I become a Junior Member of the ambulance corps:

- Attend at least 6 out of 12 general membership meetings annually
- Attend at least 6 out of 12 training sessions annually
- Obtain CPR certification within 6 months of being accepted and any other certifications mandated by the Corps
- Participate in all scheduled Corps-sponsored blood pressure screenings at the Hubert Humphrey Senior Citizens' Center
- Participate in various Corps functions
- Abide by the rules and regulations that govern the Corps
- Pay annual \$3.00 dues
- If 16 or older, ride as part of an ambulance crew on a scheduled basis

I HEREBY GIVE PERMISSION TO THE WILLIAM PAUL FAIST VOLUNTEER AMBULANCE CORPS TO CONDUCT SUCH INQUIRIES AS THEY DEEM NECESSARY TO VERIFY THE INFORMATION GIVEN IN THIS APPLICATION.

Any falsification of information on this application will void consideration of this application or possible expulsion from the Corps.

NOTE: the Membership Chairperson, President, and Captain will review this application. After your references are checked, you will be invited to attend an informal meeting with the Membership Committee to inform you about our organization and to answer any questions you may have. You will then be introduced to the Corps at the next General Membership meeting (generally the first Monday of the month. The Corps' members will then vote on your application for membership.

Agreed and accepted by:

Signature of Applicant: _____

Print Name Clearly: _____

I give permission for _____ to participate as a Junior Member of the William Paul Faist Volunteer Ambulance Corps. I understand that I must make my own arrangements for him/her to be transported to and from Corps activities.

Signature of Parent/Guardian: _____

Print Name Clearly: _____

OFFICE USE ONLY

References mailed: Date: _____ by: _____

Reviewed by Membership Committee: Date: _____ Disposition: _____

Presented to Membership: Date: _____ Disposition: _____

Federal Driver's Protection Act
Authorization to Obtain Motor Vehicle Report

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance, I (print name) _____ authorize the **William Paul Faist Volunteer Ambulance Corps, Inc.** to obtain my Motor Vehicle Record. I understand that this record may contain personal information* in addition to any/all driver violations and/or accidents which may be on record through the (name of state) _____ State Department of Motor Vehicles.

Signature of Applicant

Social Security Number _____

Driver's License Number _____ State _____

Date of Birth _____

Street Address/City/State/ZIP

Mailing Address/City/State/ZIP

Date Signed: _____

*Personal information means information that identifies an individual including an individual's photograph, social security number, driver identification number, name, address, and telephone number.