



# GREENWOOD LAKE VOLUNTEER AMBULANCE CORPS MEMBERSHIP APPLICATION

74 WINDERMERE AVENUE; P.O. Box 223, GREENWOOD LAKE, NY 10925

(845) 477-2200 ([www.GLVAC.us](http://www.GLVAC.us))

QUESTIONS? – [INFO@GLVAC.US](mailto:INFO@GLVAC.US)



# Greenwood Lake Ambulance Corp Membership Application

## APPLICANT INFORMATION

Name:		Home Phone:
Date of birth:	SSN:	Cell Phone:
Current Address:		
City:	State:	ZIP Code:
Drivers License #:	Years at Present Address:	Email:
Previous Address (If less than 5 years):		

## EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Nature of Work:	Supervisor:

## EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

## SPOUSE INFORMATION (IF JOINT MEMBERSHIP)

Name:		Email:
Date of birth:	SSN:	Cell Phone:

## SPOUSE EMPLOYMENT INFORMATION (IF JOINT MEMBERSHIP)

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Nature of Work:	Supervisor:

## REFERENCES - ( PLEASE USE 3 RESIDENTS OF ORANGE COUNTY THAT ARE NOT RELATIVES )

Name	Address	Phone

**Please answer all of the following questions.**

*(Give details if you answer yes to any question. All information will remain confidential.)*

1. Have you ever been convicted of a felony?

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2. Have you ever been convicted of an alcohol or substance abuse misdemeanor?

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3. Has your driver's license ever been suspended or revoked?

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4. Do you have experience in the medical or emergency medical services field?

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5. Do you currently hold any of the certifications listed below? If yes fill out corresponding box.

<b>Certification</b>	<b>Expiration Date</b>
CPR	
Basic First Aid	
Certified First Responder	
Emergency Medical Technician - (Circle one) Basic, Intermediate, Critical Care, Paramedic	

## Notice to Applicant

I understand that any false or misleading statements with respect to this application may result in the denial or termination of membership. I agree, if accepted, to participate in all required classes or training exercises and meeting which shall be deemed necessary by the Officers of the Greenwood Lake Ambulance Corps. I further understand that I am volunteering my services and I will receive no compensation for my services under any circumstances.

Membership in the Greenwood Lake Ambulance Corps is contingent upon the satisfactory completion of a physical examination conducted by the Corps physician. If you elect to have another physician perform the exam you shall bear its cost. The physical examination will be a standard medical physical and will include drug screening. If test results are positive in a manner indicating alcohol or drug dependence you will not be considered for membership unless documentation is provided by your attending physician that you are currently under his care and are taking prescription drugs and treatment that could cause the test results to indicate positive/abnormal results. At any time the Corps reserves the right to request of members any additional drug or alcohol dependency screening. Your employer may be contacted and/or a police record check may be performed to verify your responses in this application. Any and all information provided in this application submitted to Greenwood Lake Volunteer Ambulance Corps will remain confidential. Your signature and submission of this membership application signifies your acceptance of the actions described in this Notice to Applicant.

SIGNATURES	
I agree to the above statement and authorize the verification of all information provided on this form and also consent to a possible background records check that may or may not include a check on credit, criminal history or other type of records check that may be deemed necessary by the corps.	
Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership)</i> :	Date:

You will be contacted for an interview following our monthly meeting. This could take several weeks depending on when we receive your application. If you have any questions please leave a message on our answer machine at (845) 477-2200 and someone will contact you or you can send an e-mail as well to [info@glvac.us](mailto:info@glvac.us)

-Thank you