

Tri-Boro Volunteer Ambulance Corps Membership Application

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If you are over 18 years of age, you may complete and mail this form to Tri-Boro Volunteer Ambulance Corp., P.O. Box 204, Park Ridge, N.J. 07656. If you are under the age of 18 you must obtain your parent/guardian's signature.

Regardless of the form you submit, all fields must be completed, or it cannot be accepted. Once we receive your application, a member of the Corps will contact you to schedule an interview.

Information provided to be verified by Tri-Boro Volunteer Ambulance Corps.

**** ALL FIELDS REQUIRED ****

Last Name		First Name		Middle Name	
Address			Town		Zip Code
Home Phone		Work Phone		Cell Phone	
Email Address				Pager	
Date of Birth / /		Age	Social Security # - -		<input type="checkbox"/> Male <input type="checkbox"/> Female
Length of time residing and/or employed in Tri-Boro area:			Highest Level of Education <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Other:		
Current Occupation		Employer		Address	
Students, List School				Expected Grad Year	
Referred to Tri-Boro Volunteer Ambulance Corps by (if applicable)					
Why do you want to join?					
Do you have a driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	D/L#		State	Expiration Date
Has your driver's license ever been suspended or revoked for ANY reason?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please explain and give dates					
Have you ever been convicted of a crime?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please explain and give dates					

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Applicant Name:

Have you ever applied for membership to Tri-Boro Volunteer Ambulance Corps?						<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, list dates									
Have you ever been a member of Tri-Boro Volunteer Ambulance Corps?						<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, when		Reason for Leaving							
Have you ever applied to and/or been a member of another ambulance corps or first aid squad (volunteer/paid)?						<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, complete the following. Please attach separate sheet if affiliated with more than three organizations.									
Organization		Dates of Service		Position(s) Held					
		Reason for Leaving							
Organization		Dates of Service		Position(s) Held					
		Reason for Leaving							
Organization		Dates of Service		Position(s) Held					
		Reason for Leaving							
Have you ever had any first aid and/or emergency medical services training?						<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list course(s) and expiration date below. Include copies of all certifications with application.									
Course	Exp Date	Course	Exp Date	Other Courses		Exp Date			
EMT-B		First Responder							
CPR		Blood Borne Pathogens							
CEVO		Hazardous Materials							
AVAILABILITY: Check days & times available									
			Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning (6:00 AM – 12:00 PM)									
Afternoon (12:00 PM – 6:00 PM)									
Evening (6:00 PM – 12:00 AM)									
Overnight (12:00 AM – 6:00 AM)									

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Applicant Name:

If acceptance is granted under this application, I do understand and agree to the following:

1. I will comply with all the rules and regulations, which include but are not limited to the By-Laws and Operational Guidelines of Tri-Boro Volunteer Ambulance Corps.
2. I agree to submit documentation of a physical examination by a licensed healthcare provider (MD, DO, NP) prior to duty assignment. I understand the physical examination documentation form will be provided by Tri-Boro Volunteer Ambulance Corps.
3. I agree to submit to drug testing as required by Tri-Boro Volunteer Ambulance Corps
4. I agree to complete mandatory training and submit course completion documentation within a reasonable amount of time
5. I give the Park Ridge Police Department permission to perform a background investigation on me.

All information presented on this application has been provided by me (the applicant) and is true to the best of my knowledge. I understand that any false information or statement on this application or on the physical examination documentation is sufficient cause for rejection of this application and/or dismissal from Tri-Boro Volunteer Ambulance Corps.

Applicant's Signature	Printed Name	Date
If a minor, parent/guardian's signature	Printed Name	Date

DO NOT WRITE BELOW THIS LINE

Date Received	Date Interviewed	Interviewed by		Application Reviewed by
				<input type="checkbox"/> Captain <input type="checkbox"/> President <input type="checkbox"/> Membership Committee
Date Accepted as Member	Membership Type (initial)	Date Assigned to Crew	Date of First Call	Membership Info Submitted to
				<input type="checkbox"/> Scheduling Officer <input type="checkbox"/> Training Officer <input type="checkbox"/> Recording Secretary
Date Resigned / Terminated	Reason			Member Resigned in Good Standing
				<input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide documentation