

Bergenfield Volunteer Ambulance Corps, Inc.

Membership Information and Agreement

Full Name: _____ Date of Birth: _____ Age: _____
Address: _____ Town: _____ State: _____ Zip: _____
Home Phone: _____ Cellphone: _____ Email: _____

Do you possess a valid Motor Vehicle Driver License? • YES • NO Points against license: _____
Driver License Number: _____ State: _____
Type of License: • Provisional • Regular Driver License • Commercial Driver License
If this is a Provisional Driver License, when will you be able to earn a full license? _____
Are there **ANY restrictions** on your license? • YES • NO IF YES, EXPLAIN: _____

Has your license ever been suspended? • YES • NO IF YES, EXPLAIN: _____

Is your driving privilege suspended now? • YES • NO IF YES, EXPLAIN: _____

Any accidents in the last 3 years? • YES • NO IF YES, EXPLAIN: _____

Do you have a Motor Vehicle Driver License in any other state? • YES • NO
IF YES, explain (include suspension info too): _____

Licensure / Certification

EMT status: • Never been licensed • Licensure is expired • Licensure is current
EMT # (if applicable): _____ EMT Expiration Date (if applicable): _____

If you are not an EMT, provide the location and date of the EMT course you want to enroll in.:

If you are not yet enrolled, do you need help with your enrollment? • YES • NO

Do you hold a Healthcare Provider BLS CPR card? • YES • NO. If YES, when does it expire? _____

*****You alone are responsible for maintaining all your certifications.*****

**Clear copies of your EMT and CPR cards are required, if certified,
when this application is presented.**

Your initials here indicate you have supplied, read, understand and agree to the content on this page: _____

Please list any other certifications you hold:

<u>Course Title</u>	<u>Date Taken</u>	<u>Training Facility</u>	<u>Exp. Date</u>

Please list other organizations to which you belong other than religious and political: _____

Please list all emergency services agencies you have ever applied to or been a member of:

- None

Agency: _____ Contact person & phone number: _____

Years active: _____ (if application was not accepted, please enter "N/A")

Agency: _____ Contact person & phone number: _____

Years active: _____ (if application was not accepted, please enter "N/A")

Agency: _____ Contact person & phone number: _____

Years active: _____ (if application was not accepted, please enter "N/A")

Agency: _____ Contact person & phone number: _____

Years active: _____ (if application was not accepted, please enter "N/A")

Employment/School Information

Current employer/school: _____

Address: _____

Business/school Phone: _____ Immediate supervisor/principal: _____

How long have you been employed there? (if applicable) _____

Your position/grade: _____ May we contact the above? YES • NO

Have you ever been bonded? • YES • NO If YES, EXPLAIN: _____

Have you ever refused bond? • YES • NO If YES, EXPLAIN: _____

Your initials here indicate you have supplied, read, understand and agree to the content on this page: _____

Personal History

Are you related to anyone in the Bergenfield Volunteer Ambulance Corps, Inc.? • YES • NO

If YES, EXPLAIN: _____

The Bergenfield Volunteer Ambulance Corps, Inc. runs a criminal background check on all potential members through the Bergenfield Police Department. You will be given separate paperwork that needs to be completed that grants permission for your fingerprints to be collected and this investigation to be done.

Refusing to have this background check done will result in your application being denied.

**** The background check must be completed and results returned prior to being accepted into full membership and you being able to ride on the ambulance.****

Have you ever been convicted of a violation of any law or ordinance (including traffic violations)?

• YES • NO If YES, EXPLAIN: _____

Have you been convicted of a felony within the last 10 years? • YES • NO If YES, EXPLAIN:

All the information that I have provided is true to the best of my knowledge. I understand that any false statements can lead to my application being denied or membership being terminated.

Signature: _____ Date: _____

For Corps Use Only

Date Received: _____ Physical Received: _____

Police Background Check Application Received: _____

Background Findings: _____

First Reading: _____

Membership Meeting Held: _____ Corps Members Present: _____

Second Reading: _____ Membership Status: _____

Your initials here indicate you have supplied, read, understand and agree to the content on this page: _____