

Bergenfield Volunteer Ambulance Corps, Inc.
Membership Application

General and Motor Vehicle Information

Full Name: Date of Birth: Age:

Address: City/State: Zip:

Home Phone: Cell Phone: Email:

Do you possess a valid Motor Vehicle Driver License? Yes No

Drivers License Number: State:

Type of License: Provisional Regular Commercial

Do you currently possess point against your license? Yes No

 If so how many?

Are there ANY restrictions on your license? Yes No

 If Yes, Explain:

 Has your license ever been suspended? Yes No

 If Yes, Explain:

Are your driving privileges 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 as well):

Your initial here indicate you have supplied, read, understood, and agree to the content on this page

Licensure/Certifications

EMT Status: Never been licensed Licensure is expired Licensure is current

EMT # if applicable: EMT Expiration Date if applicable:

Do you hold a Healthcare provider BLS CPR certification? Yes No

If Yes, when does it expire?

Please provide clear copies of your EMT and CPR card (if licensed/certified), when presenting this application.

Approximately when will your schedule permit you to go to EMT school?

Fall 20 Winter 20 Spring 20 Summer 20 Unsure

The Bergenfield Volunteer Ambulance Corps Inc. is able to assist in EMT school enrollment. Please see our “EMT school catalog” on our website for current NJ EMT programs, and insight to answering the previous question. EMT school enrollment will be discussed at your formal interview (if not enrolled or licensed yet).

If you already enrolled or attending an EMT training program, provide the following:

Training center: Start/End dates: -

Location (city/state):

Please list any other up to date certifications you hold:

Please list all emergency service agencies you have ever applied to or have been a member of (*if application was not accepted, please enter “N/A” under “years active”*):

Agency: Years active:

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Agency: Years active:

Have you even been dismissed from an emergency service organization? Yes No

If Yes, Explain:

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Education

Please list the schools you have attended starting from high school to present day:

School 1:

School type: High school Undergraduate Graduate Other

Is this the school you currently attend? Yes No

Locations (City/State): Year Graduated:

Degree: Area of study:

School 2:

School type: High school Undergraduate Graduate Other

Is this the school you currently attend? Yes No

Locations (City/State): Year Graduated:

Degree: Area of study:

School 3:

School type: High school Undergraduate Graduate Other

Is this the school you currently attend? Yes No

Locations (City/State): Year Graduated:

Degree: Area of study:

School 4:

School type: High school Undergraduate Graduate Other

Is this the school you currently attend? Yes No

Locations (City/State): Year Graduated:

Degree: Area of study:

Have you even been suspended, expelled, or dismissed from any of the programs mentioned above? Yes No

If Yes, Explain:

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Employment History

Current primary employer:

Position: Address:

Supervisor name: Supervisor number:

Length of employment:

Please list all other or previous jobs held in the past 5 years:

Employer/position: Length of employment:

Employer/position: Length of employment:

Employer/position: Length of employment:

Employer/position: Length of employment:

Have you even been bonded? Yes No

If Yes, Explain:

Have you ever refused bond? Yes No

If Yes, Explain:

Personal Statements

Explain in a few sentences why you want to become an EMT:

How did you hear about BVAC?

If you are not from Bergenfield, please explain why you decided to apply to BVAC as opposed to your local ambulance squad?

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Recommendation letters

BVAC requires that the applicant provide recommendation letters prior to full membership. Recommendation letter DO NOT need to be submitted with this application. Once a formal interview has been conducted, recommendation letters will be expected. All recommendation letters must be from individuals who know the applicant well. One recommendation letter must be from either a current or previous emergency service squad supervisor, teacher, or employer. The other recommendation letter must be from a close friend, family friend, religious leader, or mentor. Please list your references below and get in touch with them to write a recommendation letter:

Name of 1st reference: Relationship to applicant:

Name of 2nd reference: Relationship to applicant:

Once your reference has completed and handed you the recommendation letter, please email it to Membership@bergenfieldambulance.org (The letter can be sent as a photograph if you receive it as a hard copy). Acceptance to full membership will be determined pending submission of your recommendation letters. If recommendation letters are not submitted in a timely manner, it may delay or result in your membership status being denied.

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Criminal History

The Bergenfield Volunteer Ambulance Corp, Inc. runs a criminal background check on all potential members. You will be given instructions on how to complete this background check after a formal interview has been conducted. Refusing to have this background check done will result in your application being denied.

The background check DOES NOT need to be submitted with this application. Once a formal interview has been conducted, a background check will be expected. The background check must be completed and results obtained prior to being allowed to ride on an ambulance as well as acceptance into full membership.

Have you ever been convicted of a violation of any law or ordinance (including traffic violations)? Yes No

If Yes, Explain:

Have you ever been convicted of a felony? Yes No

If Yes, Explain:

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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: _____ Interview: _____ First Reading: _____

Background check results: _____

Letter 1: _____ Letter 2: _____ Physical results: _____

Membership Meeting Date/Officers present: _____

Second Reading: _____ Full Membership Approved? Yes No