

Ossining Volunteer Ambulance Corps, Inc
PO Box 523
Ossining, New York 10562
(914) 941-9196

MEMBERSHIP APPLICATION

Name: _____ Soc. Sec# _____

Address: _____

City: _____ State: _____ Zipcode: _____

Home Phone: _____ Bus. Phone: _____ Cell Phone: _____

Date of Birth: _____ Email Address: _____

Occupation: _____ Employer: _____

Employers Address: _____

Education (check one): High School _____ College _____ Graduation Date _____

Do you presently hold any of the following certifications:

CPR _____ Issued By: _____ Expiration Date: _____

EMT: _____ Date Issued: _____ Date Expires: _____ Cert # _____

AEMT: _____ Date Issued: _____ Date Expired: _____ Cert# _____

MAC Card: _____ Expiration Date: _____

***Note: Attach photo copies of all current certifications**

Are you now, or have you ever been a member or employee of an ambulance corps or similar organization: _____

Organization: _____ Address: _____

_____ Dates of membership or employment: _____ Reason for separation: _____

***If you were a member/employee within the last five (5) years, you must include an official of the organization as a reference.**

Are you, or have you ever been a member of a community, fraternal, social or professional organization(s)? _____ Organization: _____ Date of

membership: From _____ To _____ Address: _____

Are you now, or have you ever been hospitalized or under a doctor's care for any physical, mental, emotional or nervous disorder? If yes, please explain:

Are you willing to submit to a medical examination by an OVAC appointed physician, at OVAC's expense, if required & requested by OVAC? _____

****OVAC reserves the right to ask you to provide a physician's statement certifying your ability to safely ride an ambulance and render emergency medical care.****

Have you ever been convicted of a misdemeanor or felony? _____ If yes, please explain.

Please provide three (3) references. Please do not list any members of your immediate family. OVAC will be contacting these people directly for references:

Name _____ Relationship: _____ Address: _____
Phone: # _____

Name _____ Relationship: _____ Address: _____
Phone# _____

Name _____ Relationship: _____ Address: _____
Phone # _____

References are considered to be an important part of the application process. Consequently, no action will be taken on your application until they are received. It is your responsibility to encourage those whom you list to return the references promptly.

How did you find out about OVAC? _____

Why do you want to be a member of OVAC? _____

I certify that to the best of my knowledge all the above information is complete and true. I also understand that falsification of any or all of this application is ground for denial or membership.

Signature

Date
