**MALVERNE VOLUNTEER AMBULANCE CORPS**
**P.O. BOX 43, MALVERNE, NY 11565**

**APPLICATION FOR MEMBERSHIP**

1) Last Name:_____ First:_____ Date: ___/___/___

2) Maiden Name:_____ Social Security #: _____/____/_____

3) Address: _____

4) Telephone #: _____ Years at Current Address: _____

5) PRIOR ADDRESS: _____
(only if at present address less than five years)

6) Age: _____ 7) Date of Birth: ____/____/____ **E-mail**: _____

8) Driver's License #: _____ Exp. Date: _____/_____/_____
(include photocopy of your driver's license with your application)

9) Occupation: _____

10) Present Employer or School: _____

11) Address: _____

12) Business phone: _____ 13) Years Employed/School: _____

14) Do you know anyone in the Malverne Volunteer Ambulance Corps? _____

15) If yes, who? _____

16 Name any organizations that you belong to now or in the last ten (10) years: _____
_____
_____

17) If you are no longer a member of these organizations, state reason(s) for leaving:
_____

18) Have you belonged to any medically related organizations: _____

19) Name & Address: _____

20) Do you, or did you, have any valid medical training certifications? List with the title, certification # and expiration dates: _____
_____

Name: _____

21) Have you ever (A) been arrested? _____

(B) been convicted of a crime? _____

(C) had your license suspended or revoked? _____

(D) been involved in a serious auto accident? _____

(E) been convicted of sections 1192-2, 1192-3, 1192-4, 511-2ii of the Vehicle & Traffic Laws (DWI or DWAI or DWLS 2) _____

22) If yes to any of these questions, please explain in space below.

23) Please give 2 references of people, who know you for at least one year and are not relatives. Give their name, address, and telephone number. Do not list MVAC members.

(A) _____

(B) _____

24) List any hobbies, interests or special skills: _____
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Use this space to explain any of the above information (reference item #)

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Name:_____

Please answer yes or no to the questions below. If you answer yes to any question, explain in the space provided.

25) Do you suffer from any of the following conditions?

A) Epilepsy _____

B) Fainting or Blackouts _____

C) Heart Disease or Cardiac Problem _____

D) Diabetes _____

E) Arthritis _____

F) High or Low Blood Pressure _____

G) Asthma or Other Respiratory Problem (including shortness of breath) _____

H) Any Communicable Disease _____

I) Any Exposure to or History of AIDS or Hepatitis _____

J) Back Problems That Affect Lifting _____

26) Do you have any medical problem(s) that might affect your work with the Ambulance Corps or may be aggravated by such work? _____

27) Do you have any vision problems? _____

A) Blindness in one eye? _____

B) Do you wear glasses or contacts? _____

C) Color blindness? _____ D) Tunnel vision? _____

E) Glaucoma? _____ F) Cataracts? _____

28) Have you suffered from any serious illness or injury in the last five (5) years? _____

29) Have you ever been hospitalized or in a treatment center? _____

30) Do you have any other physical or mental disorders not listed above? _____

Name: _____

31) Please LIST any medications that you are currently taking:

_____

_____

32) Have you had a physical within the last 5 years? _____
Name and telephone # of your current physician(s) _____

33) Do you now have OR did you ever have any medical restrictions? _____
If yes, please describe in the space provided below.

34 What is your blood type? _____

35) List immunizations you have had:

_____ _____

_____ _____

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Use this space to explain any of the above information (reference the item #). If you need more space, please use a separate sheet of paper.

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Name: _____

## AFFIDAVIT AND PERMISSION FOR RELEASE OF RECORDS

I hereby do swear to the truth of all of the statements made on all pages of my membership application and wish to become a member of the Malverne Volunteer Ambulance Corps. I further agree to abide by the charter, by-laws, and standard operating procedures of the MVAC, and the orders of its officers. I also **give** the Malverne Volunteer Ambulance Corps **permission** to verify and investigate any and all of the above information, including employment, personal information, medical information, medical training, other organizations, and references. I also give the Malverne Volunteer Ambulance Corps permission to investigate my driver's license and past driving record and police record of arrests and convictions. I also agree to assist with the above investigations to the best of my ability. I have included a photocopy of my driver's license with my membership application. In consideration of this consent, I hereby release the MVAC from any legal liability resulting from this investigation. **I also realize that making any false statements or omissions on this application will be grounds for immediate dismissal.**

Signature: _____ Date: _____

Witnessed by: _____ Date: _____

PLEASE ATTACH PHOTOCOPIES OF:
- DRIVER'S LICENSE
- ANY MEDICAL TRAINING CERTIFICATES (e.g. CPR, EMT, etc.)

MAIL TO:

MALVERNE VOLUNTEER AMBULANCE CORPS
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MALVERNE, NY 11565