

Chappaqua Volunteer Ambulance Corps
P.O. Box 453
Chappaqua, NY 10514
(914) 238-3191 www.chappaquaambulance.org
email: info@chappaquaambulance.org

For CVAC use:
Spoke with: _____
IAR Date: / /
Mentor: _____

Membership Application

Name _____ Date of application _____
Address _____ City _____ State _____ Zip _____
Home phone _____ Office phone _____ Mobile phone _____
Email address _____ Date of birth _____

Employer _____ Employer address _____

How did you hear about membership opportunity? _____
Please tell us why you would like to join CVAC? _____

What is your last level of education completed? _____
School attended _____

Driver's license number _____ State _____
Has license ever been suspended or revoked? _____
Please list any accidents or moving traffic violations over the past 5 years (all driving records will be verified) _____

Have you ever been convicted of a misdemeanor or felony? _____

Any previous emergency/medical training or ambulance affiliations? (not necessary)

Would be able to lift a patient with the help of one other person? _____
Would you be willing to complete medical history paperwork? _____

Please list names, addresses and telephone numbers of three character references.
1. _____
2. _____
3. _____

I certify that the above information is true and correct and I understand the information will be kept confidential and used solely by officers of CVAC and for the purposes of determining my qualification for service. I authorize CVAC to contact the references listed above for the purposes of determining eligibility for duty.

I have read the New Member Information, and understand that services at CVAC are completely volunteer and if selected for service, agree to abide by CVAC's policies and by-laws. Terms and conditions may be changed by CVAC's board of directors' discretion at any time.

Signature _____ Date _____

Mail to: CVAC - at address above, or scan and email to info@chappaquaambulance.org