

Katonah Bedford Hills Volunteer Ambulance Corps

PO Box 43. Katonah, NY 10536. 914.232.5872. www.kbhvac.org

Membership Application

In order to become a member, you must live or work in the Katonah – Bedford Hills area and arrive at the ambulance corps within 5 minutes of your pager alert.

Name _____ Date of Birth _____

Address _____

Home Phone # _____ Work # _____

Cell Phone # _____ Email _____

Driver's License ID # _____

Name of Employer _____

Address of Employer _____

Are you under 18 years of age? Yes _____ No _____
All Junior Corps applicants must have a parent or legal guardian sign.

Previous Affiliations:

Agency Name / Address _____

Contact Name and Number _____

Availability

The Corps asks that you're available to respond for six hours a week, either day or night; when would you be able to respond?

Days _____ Nights _____ Both _____ Preferred Day(s) _____

If you are unable to respond to the Corps within the required 5 minutes, would you be willing to stay at our headquarters or within close proximity to the Corps during your shift? Yes _____ No _____

Please explain why you would like to become a member of KBHVAC:

Please list the names, addresses and telephone numbers of three non-family references:

Have you ever taken a defensive driving course? Yes _____ No _____

If yes, where and when? _____

Has your license ever been suspended or revoked? Yes _____ No _____

If yes, please explain: _____

Permission for arrest check: _____

Applicant's signature

Please list any accidents over the past 36 months. Note: all driving records will be verified through insurance companies.

Have you ever been convicted of a felony? Yes _____ No _____

Date of offense: _____

Signature _____ Date _____

Applicant's signature

Signature of parent or legal guardian required for Junior Corps applicants.

Signature _____ Date _____

Parent or Legal Guardian's Signature