



Membership Application

To become a member, you must live or work in the Katonah-Bedford Hills area. Members must be at the ambulance corps within five minutes of being paged.

Name _____ Date of birth _____

Address _____

Home # _____ Cell # _____ Carrier _____

Work # _____ Email _____

Emergency contact name/number _____

Name of employer (or school if student) _____

Address of Employer _____

Previous volunteer affiliations _____

You must be available to respond six hours a week.*

*Members under 18 years of age are asked to be available to respond 3 hours a week

When can you ride?

Days Nights Either/Both Preferred day of week: _____

If you are unable to respond to the corps within the required five 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 the Corps:

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

1) _____

2) _____

3) _____

Have you taken a defensive driving course in the past three years? No Yes

If yes, name of agency/organization: _____

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

If yes, please explain:

Please list any accidents over the past 36 months:

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

It is the policy of the Katonah Bedford Hills Volunteer Ambulance Corps to verify driving records and conduct criminal background checks of all applicants.

Where did you learn about KBHVAC? _____

I hereby swear that the above information is true and correct to the best of my knowledge.

Signature _____ Date _____
(Applicant's Signature)

All members under eighteen MUST have a parent or legal guardian sign:

Signature _____ Date _____
(Parent or legal guardian)

Please return completed application to:

Email to:
membership@kbhvac.org

or mail to:
Membership Committee
KBHVAC
P.O. Box 43
Katonah NY 10536-0043