



**VALHALLA AMBULANCE CORPS, Inc.**

Serving the communities of Valhalla and North White Plains since 1961



## **ASSOCIATE MEMBER VOLUNTEER APPLICATION: WHAT MEMBERSHIP MEANS**

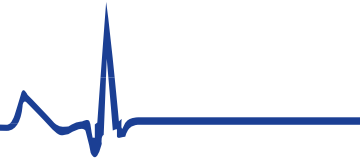
**T**he Valhalla Ambulance Corps (VVAC) was chartered in 1961 to provide ambulance service to Valhalla and North White Plains as well as the surrounding areas. Currently we serve the Valhalla and North White Plains Fire Districts which include the Taconic, Bronx River, and Sprain Brook Parkways. VVAC also provides the fire companies with rehabilitation services. In addition, we have a mutual agreement to assist our neighboring communities if their own ambulances should become unavailable.

The Associate members are a vital part of the Valhalla Ambulance Corps. The various skills and talents you bring to us are as important as the medical knowledge needed by our riding members.

We hold our board of directors meeting on the first Tuesday of the month at 7:30pm. We ask that you notify an officer if you are unable to attend an upcoming regular Corps meeting. Everyone is invited to the board of director meetings, but the board members are required to attend.

As an Associate member, according to our By-Laws, you will not be permitted to vote on any Corps policy matters. However, we welcome and encourage any and all suggestions that you might have for the betterment of the Corps. Although Associate members are prohibited from riding on the ambulance, ALL members of VVAC are eligible to participate in other social events, parades, etc.

Once you complete and turn in your membership application, you will be contacted by our Membership Committee to welcome you and request you to attend the following General Corps meeting. There, you will be introduced to the entire membership and welcome as an Associate Member of the Valhalla Ambulance Corps.



# MEMBERSHIP APPLICATION (Associate Member Volunteer)

## PERSONAL DATA

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Title (check one)  Mr  Ms Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Soc. Sec. No.: \_\_\_\_\_ Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Please check your preference of communications:  Home Tel  Cell  Email

Driver's License ID #: \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_/\_\_\_ State: \_\_\_\_\_

Are you a resident of Mt. Pleasant/North Castle?  Yes  No If so, how long? Yrs: \_\_\_\_\_ Mos: \_\_\_\_\_

## EMPLOYMENT

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Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

## EDUCATION

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1. High School: \_\_\_\_\_

Are you currently attending?  Yes  No Graduation date: \_\_\_/\_\_\_/\_\_\_

2. College/University: \_\_\_\_\_

Major Course of Studies: \_\_\_\_\_

Are you currently attending?  Yes  No Graduation date: \_\_\_/\_\_\_/\_\_\_

### FOR OFFICE USE ONLY

Date application received: \_\_\_/\_\_\_/\_\_\_ Corps start date: \_\_\_/\_\_\_/\_\_\_

Rec'd by: \_\_\_\_\_ Ref'd by: \_\_\_\_\_

## HOW CAN YOU HELP US?

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From the following list, please check your skills/interests and how you'd be willing to help the Corps:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> computer                   | <input type="checkbox"/> residential fund drive  | <input type="checkbox"/> word processing  | <input type="checkbox"/> groundskeeping maintenance |
| <input type="checkbox"/> social events              | <input type="checkbox"/> commercial fund drive   | <input type="checkbox"/> public relations | <input type="checkbox"/> equipment inventory        |
| <input type="checkbox"/> phone calling              | <input type="checkbox"/> housekeeping chores     | <input type="checkbox"/> training         | <input type="checkbox"/> vehicle maintenance        |
| <input type="checkbox"/> electrical work            | <input type="checkbox"/> jacket/shirt orders     | <input type="checkbox"/> photography      | <input type="checkbox"/> building maintenance       |
| <input type="checkbox"/> mailings                   | <input type="checkbox"/> clerical/administrative |   |   |
| <input type="checkbox"/> other (please list): _____ |  |   |   |
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## PROFESSIONAL/CHARACTER REFERENCES (cannot be family/friends)

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Name: \_\_\_\_\_ Yrs/Mos. of Acquaintance: \_\_\_\_/\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Yrs/Mos. of Acquaintance: \_\_\_\_/\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

What days/nights and hours are you available to serve?

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## EMERGENCY CONTACT

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Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Day Tel: \_\_\_\_\_ Night Tel: \_\_\_\_\_

What is your reason(s) for joining Valhalla Volunteer Ambulance Corps? \_\_\_\_\_

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How did you hear about us? \_\_\_\_\_

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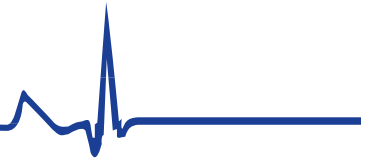
Do you have any current or future plans which may limit your time to volunteer?  Yes  No

If so, when? \_\_\_\_\_



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## MEMBERSHIP AFFIDAVIT

I, \_\_\_\_\_, fully understand my membership in the Valhalla Ambulance Corps may be cancelled at any time and for any reason by the majority vote of the Officers of the Valhalla Volunteer Ambulance Corps.

(print name)

If my membership is cancelled by such vote I will return all my equipment I received from the Valhalla Volunteer Ambulance Corps including but not limited to the key fob, pager, and uniform.

I specifically waive my right or cause of action I may have under the local State or Federal Laws or under the State and Federal Constitution against any Officer for voting to cancel my membership.

I have every intention to serve the Valhalla Volunteer Ambulance Corps in an honest, professional manner both to the job I will be performing and the people I will be working with, as well as the patient's we serve.

I certify that I have read this completed application, and that I am familiar with the expectations the Valhalla Ambulance Corps has of me. I agree to abide by the rules of the Corps, as set forth in the By-Laws and Policy and Procedure Manual. I further certify that the information given by me on the face of this application is correct to the best of my knowledge, and understand that any false statements are grounds for my disqualification from consideration for membership.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## PERMISSION TO PERFORM BACKGROUND CHECK

I hereby authorize the Valhalla Volunteer Ambulance Corps (VVAC) to perform a check of my background, including:

- Criminal Record (LEADS, CANTS, Sheriff and Circuit Clerk, etc.)
- Driving Record
- Personal References
- Past Employment / Volunteer Status
- Educational / Professional Status
- And any other persons or sources as appropriate for the membership status for which I have expressed an interest

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for membership at VVAC.

Furthermore, I understand that information collected during this background check will be limited to that appropriate in determining my suitability for certain duties specific to my membership at VVAC and that all such information collected during the check will be kept confidential.

I hereby extend my permission to those individuals or organizations contacted — for the purpose of this background check — to give their full and honest evaluation of my suitability for membership at VVAC and such other information as they deem appropriate.

Print name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witnessed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR OFFICE USE ONLY**

Date investigation submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date results received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Submitted by: \_\_\_\_\_ Rec'd by: \_\_\_\_\_