



JUNIOR CORPS VOLUNTEER APPLICATION: WHAT MEMBERSHIP MEANS

The 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.

We ask that all members commit to a minimum of 16 hrs./month. We take our commitment seriously and expect you to do the same. When scheduled for a duty shift, you are expected to be ready and able to respond to ambulance calls at any time during that shift. Should you not be able to fulfill your scheduled duty shift, it is your responsibility to find another member to cover that shift for you.

We hold regular Corps meetings on the second Tuesday of each month at 7:00 p.m. We urge you to be present at the meetings, training sessions, parades, and other special events when available. Communication is very important to us for shift scheduling, training, and other important issues. We urge you to read all communications sent to you to keep up to date on the latest information.

The Valhalla Ambulance Junior Corps was designed to increase the interest and awareness of volunteer services among younger members within the community.

The Junior Corps members are involved in many Corps activities. These include first- aid stations, blood pressure screenings, meetings, training sessions, our annual health fair, parades, and Corps social events such as our annual Christmas Party and Installation Dinner. Each Junior Corps member will be trained in CPR and various first aid techniques. With parental permission, Junior Corps members will be allowed to ride the ambulance as an observer under the close supervision of an experienced member of the Valhalla Ambulance Corps in addition to adherence to a strict 10PM curfew on the VVAC premises. As a result, Junior Corps members will be prohibited from participating in overnight shifts.

Complete and return this membership application, along with copies of

1. Your Driver's License (if applicable)
2. Your completed physical exam form
3. All forms and affidavits signed and dated



MEMBERSHIP APPLICATION (Junior Corps Volunteer)

PERSONAL DATA

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

Job Title: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Type of Business: _____ Bus. Phone: _____

EDUCATION

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: _____

JUNIOR CORPS MEMBER RESPONSIBILITIES

Junior Corps Members participate in the following:

- ride on EMS/Ambulance calls
- assist at First Aid stations
- sponsor blood pressure screenings
- monthly Corps meetings
- ambulance trainings and drills
- become CPR certified
- learn First Aid techniques
- house duty details
- non-emergency Corps standbys and other special events
- annual Corps social events (Installation Dinner, Holiday Party)

Do you have suggestions on how Junior Corps members can be involved in the community? (Please list):

PROFESSIONAL/CHARACTER REFERENCES (cannot be family/friends)

Name: _____ Yrs./Mos. of Acquaintance: _____/_____

Occupation: _____ Phone: _____

Name: _____ Yrs./Mos. of Acquaintance: _____/_____

Occupation: _____ Phone: _____

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

EMERGENCY CONTACT

Name: _____ Relation: _____

Address: _____

Home Tel: _____ Cell Tel: _____

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

How did you hear about us? _____

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

If so, when? _____

Please read and complete all other forms following this application.



QUESTIONNAIRE FOR ALL PROSPECTIVE MEMBERS

1. Do you have any physical condition which may limit your ability to perform any aspect of any function as a member of the Corp? Yes No
2. Are you able to lift 125 lbs.? Yes No
3. Do you have any psychological condition which may limit your ability to perform any aspect of any function as a member of the Corp? Yes No
4. Have you ever been convicted of any moving violation as defined by the vehicle and traffic laws of the state? Yes No
5. Have you ever been convicted of driving while intoxicated (DWI or OUI), driving while impaired, or driving while under the influence of alcohol or any illegal drug or substance?
Yes No
6. Have you ever been convicted of any crime other than a minor traffic violation, or the crimes as indicated in question 4 and 5? Yes No
7. Are you presently under indictment or are you currently a defendant in any criminal proceeding?
Have you ever been jailed? Yes No
8. Have you ever had any State-issued license, including but not limited to a driver license, revoked, suspended, or otherwise restricted for any reason? Yes No
9. Have you ever been dismissed or been asked to resign by an employer/volunteer agency for any reason other than lack of work or other acceptable reason?
 Yes No
10. Is there any information that you wish to share with the officers of the Corps that may affect your ability to adequately perform your duties and responsibilities as explained to you or for any other reason? Yes No
If yes, describe: _____

11. Are you now, or have you ever been, a volunteer member of any other ambulance or firefighting organization and with whom? Yes No
What level of training did you have? _____
Why did you leave? _____

If you have answered YES to any of the questions from #1 to #10, please provide a detailed written explanation on a separate sheet of paper. All information will be held in the strictest of confidence. Any answer in the affirmative will not automatically preclude membership to the Corps but will be considered along with your application, references, and any other relevant information.



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 grant my rights to have pictures or postings on social media to represent Valhalla Volunteer Ambulance Corps.

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

PARENTAL CONSENT/PERMISSION

I have read this application and give permission for my son/daughter to join the Valhalla Ambulance Corps as a Junior Corps member.

Signature of Parent/Guardian

Date

Print Name



PHYSICAL EXAM CERTIFICATION

PATIENT INFORMATION / MEDICAL HISTORY (to be completed by member)

Name: _____ Date of Birth: ____/____/____

Address: _____ Tel: _____

City: _____ State: _____ Zip: _____

Past/Present Pertinent Medical History

Have you now or ever been treated for one or any of the following?

- | | | |
|---|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Recurrent Headache | <input type="checkbox"/> Alcohol Use/Abuse |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Back or Leg Pain | <input type="checkbox"/> Medication Use/Abuse |
| <input type="checkbox"/> Pulmonary Problems | <input type="checkbox"/> Scoliosis/back injuries | <input type="checkbox"/> Menstrual/GYN |
| <input type="checkbox"/> Cardiac Condition | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Visual Problems | <input type="checkbox"/> Emotional Disorder | <input type="checkbox"/> Other: _____ |

PHYSICIAN'S EXAMINATION (to be completed by medical doctor)

VITAL SIGNS: Blood Pressure: _____ HR: _____ Resp: _____ Pulse Ox _____

VISION: O.D.: _____ O.S.: _____ Corrective Lenses? _____

HEARING: A.D.: _____ A.S.: _____ Hearing Aid? _____

OTHER: Heart: _____ Lungs: _____ Abdomen: _____ G.I.: _____

G.U.: _____ GYN: _____ Skeletal: _____

COMMENTS: _____

I have examined the above named individual and find him/her fit unfit to serve on duty with Valhalla Ambulance Corps with the following restrictions:

_____ no restrictions

Physician's Official Stamp (below):

Physician's Name: _____

Physician's Signature: _____

Date of Exam: ____/____/____



VACCINATION FORM

Name: _____ Date: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Phone: _____

Please list any allergies you may have: _____

Current Medications: _____

Medical Conditions: _____

Vaccination Data: (when last series completed)

DPT Diphtheria/Tetanus/Polio Date: _____

MMR Measles/Mumps/Rubella Date: _____

Hepatitis B Date: _____

SARS-COVID-19 Date: _____ Name: _____

Chicken Pox Date: _____

PPD Date: _____ (If positive, CXR date)

Titer Dates are acceptable (please list titer dates above and acknowledge

Hepatitis B Vaccination Declination Statement:

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis-B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis-B vaccine, at no charge to me. However, I decline Hepatitis-B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis-B, a serious disease. If, in the future, I continue to have occupational exposure to blood, or other potentially infectious materials, and I want to be vaccinated with Hepatitis-B vaccine, I can receive the vaccination at no charge.

(Print Name)

____/____/____
(Date)

(Signature)