

TOWN OF LIBERTY VOLUNTEER AMBULANCE CORPS APPLICATION

Name _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Are you at least 18 years old? ____ Yes ____ No

If not, can you provide valid working papers? ____ Yes ____ No

Have you ever been a member of an ambulance corps? ____ Yes ____ No

If yes, which one? _____ Contact Person _____

Certifications: ____ None ____ CPR ____ CFR ____ EMT ____ EMT-I or EMT-CC

____ Paramedic ____ Other (specify) _____

EMT Card # _____

Have you ever been convicted of a crime? ____ Yes ____ No

If yes, please explain _____

References:

No family members please. One must be a work reference.

1) _____ Phone _____

2) _____ Phone _____

3) _____ Phone _____

When are you available? ____ Days ____ Evenings ____ Nights ____ Weekends

Driver's License # _____ Expires _____

I hereby give the Town of Liberty Volunteer Ambulance Corps permission to check my background and driving record. I also certify that all information in this application is truthful and accurate.

Initials _____

Applicant Signature _____

Date of application _____

Applications can be returned to: TOLVAC, 178 Mill Street, Liberty, NY 12754 or faxed to (845) 292-1575. Persons under 18 must have written parental permission.

Approvals:

_____ MC _____ BD _____ MB