

Stony Point Ambulance Corps (*volunteer application*)

I am applying to:			
Association _____	Auxiliary _____	Board _____	Youth Squad _____

New: _____ Update: _____ Transfer: _____	Please print form & mail or walk-in to: 6 Lee Avenue, Stony Point NY 10980 (845) 786-5990 - email: SPAC646@yahoo.com	Date Rec'd by Corps: _____/_____/_____ Corps Use ONLY
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INSTRUCTIONS: Please fill out ALL fields. Sign this application ONCE when you return it to Stony Point Ambulance Corps; you will sign it a SECOND time AFTER you have met with the screening committee and have been explained all of your obligations of membership as per the Bylaws of our organization

Name: _____

Home Address: _____

Town: _____ State: _____ ZIP: _____

if your mailing address is different than home, please enter it here: _____

Home Phone _____ Mobile Phone/Pager _____ Work _____

E-Mail: _____ @ _____

Date of Birth: ____/____/____ *if under 18, parent or guardian must sign here: _____

Driver License: _____ State: _____ Class: _____

<p style="text-align: center;">LIST CURRENT CERTIFICATIONS</p> <p>FIRST AID Red Cross ___ Boy Scout ___ Other ___ Date Trained _____ Exp Dt _____</p> <p>CPR Level _____ AED yes ___/no ___ Date Trained _____ Exp Dt _____</p> <p>NYS Certified First Responder # Date Certified _____ Exp Dt _____</p> <p>EMT-D (NYS) ID # Date Certified _____ Exp Dt _____</p> <p>OTHER _____ _____</p> <p>I am available to serve the Corps: (circle) Day Shift 7am-7pm Sun M T W Th F Sat Nite Shift 7pm-7am Sun M T W Th F Sat Other: _____</p>	<p style="text-align: center;">CHARACTER REFERENCES</p> <p>Please list THREE (3) character references OTHER than Family members:</p> <p>NAME _____ Phone _____</p> <p>NAME _____ Phone _____</p> <p>NAME _____ Phone _____</p> <p style="text-align: center;">~ And ~ SPAC Corps Member</p> <p>NAME _____ Member's Signature _____</p> <p><i>Any comments? (use back if necessary)</i> _____ _____</p>
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*Your Driving Record, References & any Criminal Record MAY be checked before acceptance
 Please list any traffic/other convictions on the opposite side of this page ___ Check if necessary*

**I DECLARE THAT THE INFORMATION ON THIS APPLICATION IS COMPLETE and TRUE
 TO THE BEST OF MY KNOWLEDGE and BELIEF:**

1st Signature _____ dt: ____/____/____

I HAVE READ, OR THEY HAVE BEEN EXPLAINED TO ME, THE BYLAWS OF THIS ORGANIZATION

2nd Signature _____ dt: ____/____/____

Date Screened ____/____/____ Recommendation: ___ Yes ___ No Why? _____ Committee Member Initials: _____	Date Voted on by Assoc ____/____/____ Accepted: ___ Yes ___ No If Not: For ___ Against ___ Abstained ___ Line Officer initials _____
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For Youth Squad members moving up to Assoc. or Aux. - Sr. Advisor Signature

date: _____