

**KATONAH-BEDFORD HILLS
VOLUNTEER AMBULANCE CORPS**

**P.O. BOX 43
KATONAH, NY 10536
Tele: (914)-232-5872
www.KBHVAC.org**

KBHVAC MEMBERSHIP APPLICATION

In order to become a member, you must live or work in the Katonah-Bedford Hills area and arrive at the ambulance corps within 5 minutes of your pager alert.

Name _____ **Date of Birth** _____

Address _____

Phone# _____ **Work#** _____

Cell Phone _____ **Email** _____

Name of Employer _____

Address of Employer _____

Are you under 18 years of age? Yes _____ No _____

All Junior Corps members MUST have a parent or legal guardian sign.

Previous Affiliations:

Agency Name/Address _____

Contact Name _____

Contact Number _____

The Corps asks that you're available to respond for six hours a week, either day or night; when would you be able to respond?

Days _____ **Nights** _____ **Both** _____ **Preferred Day of Week:** _____

If you are unable to respond to the Corps within the required 5 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:

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

- 1. _____
- 2. _____
- 3. _____

Have you ever taken a Defensive Driving course? Yes _____ No _____

If yes, please answer the following:

Agency/organization where you took your course: _____

Date: _____

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

If yes, explain: _____

Permission for arrest check: _____

Applicant's Signature

Please list any accidents over the past 36 months. Note: All driving records will be verified through insurance companies.

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

Date of offense: _____

Signature _____ Date _____

Applicant's Signature

Signature of Parent or Legal Guardian required for our Junior Corps.

Signature _____ Date _____

Parent or Legal Guardian's Signature