

**BEACON VOLUNTEER AMBULANCE CORPS**

**APPLICATION FOR MEMBERSHIP**

**DATE:** \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_  
(First) (Middle) (Last)

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

TELEPHONE #: (\_\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE OF ISSUE: \_\_\_\_\_

PREVIOUS ADDRESS IF LESS THAN FIVE YEARS:  
\_\_\_\_\_  
(Street) (City) (State) (Zip)

CURRENT OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS:  
\_\_\_\_\_  
(Street) (City) (State) (Zip)

HAS APPLICANT EVER BEEN AN AMBULANCE CORPS MEMBER? \_\_\_\_\_

IF SO, STATE NAME OF AMBULANCE CORPS: \_\_\_\_\_

ADDRESS OF AMBULANCE CORPS:  
\_\_\_\_\_  
(Street) (City) (State) (Zip)

ARE YOU A CERTIFIED EMT? \_\_\_\_\_ PARAMEDIC? \_\_\_\_\_

IF YES. INDICATE #, DATE OF EXPIRATION AND STATE OF ISSUE:

# \_\_\_\_\_ Exp. \_\_\_\_\_ State \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME, FELONY OR MISDEMEANOR?  
\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A VEHICULAR MOVING VIOLATION?  
\_\_\_\_\_

WHY DO YOU WISH TO JOIN THE AMBULANCE CORPS?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST TWO CHARACTER REFERENCES:  
\_\_\_\_\_  
(Name) (Street) (City) (State) (Zip) (Phone)  
\_\_\_\_\_  
(Name) (Street) (City) (State) (Zip) (Phone)

*UPON COMPLETING THIS 3 PAGE APPLICATION, PLEASE MAIL IT BACK TO THE ADDRESS BELOW IF YOU ARE NOT ABLE TO HAND DELIVER IT TO SOMEONE AT OUR STATION:*

**Beacon Volunteer Ambulance Corps**  
**PO Box 54, Beacon, NY 12508**  
**(845) 831-4540**

(physical address)  
1 Arquilla Drive  
– off of Delevan Avenue

**BEACON VOLUNTEER AMBULANCE CORPS**

**APPLICATION FOR MEMBERSHIP**

APPLICANT'S NAME: \_\_\_\_\_

**Duty Time Minimum Requirements:**

- Junior Membership will be for applicants from ages 15 to 17. The minimum duty time required is three (3) hours per week in the building.
- Adult Membership will be for applicants with a minimum age of 18. The minimum duty time required is twelve (12) hours per week (includes four (4) hours per week in the building).

There is also an expectation of the applicant to attend training sessions, meetings, drills, and work details. Some flexibility is available based on the applicant's schedule, however attendance is necessary to learn and practice essential skills of patient care, be familiar with our equipment, and test processes, protocols, & procedures to comply with various federal (i.e. National Incident Management Systems), state (i.e. NYS DOH BEMS), and local requirements.

I hereby apply for active membership in Beacon Volunteer Ambulance Corps of Beacon, New York. If accepted into this corps, I promise to subscribe to and support the constitutional by-laws of the corps, follow all governing rules and regulations, and conduct myself in a manner becoming a corps member.

APPLICANT'S SIGNATURE: \_\_\_\_\_

**DISCLOSURE AND RELEASE**

My signature affixed, grants authorization for BVAC to conduct a background and criminal record check. The foregoing answers are correct to the best of my knowledge and belief.

In connection with my application for membership with Beacon Volunteer Ambulance Corps Inc, I understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, license suspensions and revocations.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to obtain information as to the name, address and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for the organization to procure Motor Vehicle Reports or other necessary reports at any time during my membership.

Print Name (or Parent's Name\*): \_\_\_\_\_

Signature (or Parent's Signature\*): \_\_\_\_\_

\*Signature of Parent is required if the applicant is under 18 years of age

**BEACON VOLUNTEER AMBULANCE CORPS**  
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**Doctor's Verification**

An EMT must be able to effect care and transport of patients, sometimes requiring the ability to lift, carry and balance up to 125 pounds (250 pounds with assistance). The EMT must be physically able to work in low light situations & confined spaces, and bend, stoop & crawl on uneven terrain.

I have examined \_\_\_\_\_(applicant) and believe that he/she is physically able to perform the duties required of an EMT on an ambulance.

Doctor's Signature: \_\_\_\_\_

Printed/typed Name: \_\_\_\_\_

Address & Phone: \_\_\_\_\_