

**GLEN ROCK VOLUNTEER AMBULANCE CORPS, INC.**

**700 South Maple Ave.**

**APPLICATION**

**Phone 201-444-9795**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Residence: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you served on another ambulance corps or rescue squad? List name and dates of service: \_\_\_\_\_

Valid New Jersey Driver License Number: \_\_\_\_\_ Expires: \_\_\_\_\_

List any restriction code on the back of your N.J. Driver License: \_\_\_\_\_

Have you any mental or physical disability?  yes  no - If yes, state particulars \_\_\_\_\_

Have you **ever** been confined in a mental institution?  yes  no - If yes, explain \_\_\_\_\_

Have you **ever** suffered from epilepsy, blackouts, or convulsive disorders of any type?  yes  no - If yes, state particulars \_\_\_\_\_

Are you now taking, or have you recently been taking, any medication (sedatives, tranquilizers, insulin, other)?  yes  no - If yes, state particulars \_\_\_\_\_

under whose supervision? Doctor \_\_\_\_\_ Address: \_\_\_\_\_

Have you **ever** been **Arrested** or **Convicted** of any crime, misdemeanor, or any offense other than a motor vehicle violation(s)?  yes  no - If yes, state particulars \_\_\_\_\_

Have you ever been convicted of driving while under the influence of or driving while impaired by intoxicating beverages or a controlled dangerous substance in this or any other state?  yes  no - If yes, state particulars \_\_\_\_\_

Has your driving privilege **ever** been denied, revoked, or suspended in this or any other state?  yes  no - If yes, state particulars \_\_\_\_\_

I hereby apply for membership in the Glen Rock Volunteer Ambulance Corps, Inc. If accepted, I promise to abide by the Rules, Regulations, and Bylaws of the organization. I understand that this application does not constitute acceptance of membership, but that my acceptance will be subject to review of the information I have provided here and any information resulting from my driving and background investigations.

I declare that I know the contents of this application, and certify the contents herein to be true. I fully understand that any misstatement or misrepresentation of fact, and/or the withholding of any information whatsoever may result in the denial of this application.

I further understand and agree that it is my continuing obligation to inform the Corps of any occurrences which would affect my answers to the above questions.

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

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|--|-------------|
| This portion of form for use of Recruitment and Membership Committee |             |
| Completed application received by: _____                             | Date: _____ |
| Response mileage: _____ Checked by: _____                            | Date: _____ |
| Background information received by: _____                            | Date: _____ |