

EMERGENCY

386-9898



INFORMATION

386-9651

GLENDALE VOLUNTEER AMBULANCE CORPS, INC.

HEADQUARTERS:

65-11 Myrtle Avenue
Glendale, NY 11385

MAILING ADDRESS:

P.O. Box 863991
Ridgewood, NY 11385



Youth Corps Membership Application

Name: _____ Telephone: _____
Last First Middle

Home Address: _____
Number & Street City State Zip Code

Date of Birth: _____ Sex: M F
Month Date Year

Name of School Attending: _____

Address of School: _____

Name of Employer: _____

Address of Employer: _____

How many hours a week do you work: _____

Have you ever been a member of an Ambulance Corps (if yes, state): _____

Please list any present interests or hobbies (i.e. activities, clubs, volunteer work): _____

How would you describe your general health: _____

Do you have any allergies: _____

Would you submit to a physical examination by a physician if so directed by the membership committee: Yes No

Do you have any first aid training at the present time? (Please check all that apply)

- Standard First Aid and Personal Safety Expiration Date: _____
- Basic First Aid Expiration Date: _____
- Advanced First Aid and Emergency Care Expiration Date: _____
- Aquatic/Water Safety Expiration Date: _____
- CPR Expiration Date: _____
- NYS Certified First Responder Expiration Date: _____
- None

If you were to receive the proper training, which of the following would you be interested in? (Please check all that apply)

- Dispatching
- First Aid Competition Team
- Teaching Assistant

On a separate piece of paper, write a brief paragraph explaining why you would like to become a member of the Glendale Volunteer Ambulance Youth Corps. A separate character reference from a school, an employee, etc. is encouraged and gladly accepted, and however, such a letter is not required.

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In case of an Emergency whom should we notify?

Name: _____
Address: _____
Telephone (home and work): _____

I hereby affirm that the information contained in this application is correct and complete to the best of my knowledge.

Date: _____ Signature: _____

I, the parent/guardian of my child give my permission for my child to be a member of the Glendale Volunteer Ambulance Youth Corps. I understand that the Glendale Volunteer Ambulance Corps will be in no way held liable or responsible for any loss, injury, or other damages incurred by any members as a result of their actions. In case of a medical emergency, during which I cannot be reached, I allow the Glendale Volunteer Ambulance Corps to authorize and necessary emergency medical treatment as consented to by my signature below.

Date: _____ Signature of Parent/Guardian: _____
Mail the completed application to: Glendale Volunteer Ambulance Corps
P.O. Box 863991
Ridgewood, NY 11386
Attention: Youth Corps Director

Application may also be returned in person during regular business hours. The applicant will be contacted within 2 weeks after the completed application is received.

For Office Use Only: Do Not Write Below Line

Date Application Received: _____ Date of Interview: _____
Approved Not Approved

Youth Corps Director's Signature Youth Corps President's Signature