

**Sleepy Hollow Ambulance Corp.**  
29 Andrews Ln. - Sleepy Hollow, New York 10591 - 914-631-1962

**Application For Active Membership**

**ALL INFORMATION PROVIDED SHALL REMAIN CONFIDENTIAL.**

**If you are over 18 years of age, you may complete and mail this form to Sleepy Hollow Volunteer Ambulance Corp., 29 Andrews Ln., Sleepy Hollow, New York 10591. If you are under the age of 18 you must obtain your parents signature.**

**All fields (\*) must be completed, or it cannot be accepted. Once we receive your application, a member of the Corps Membership Committee will contact you to schedule an interview.**

**Information provided will be verified by the Sleepy Hollow Volunteer Ambulance Corps**

Last Name\*: \_\_\_\_\_ First Name\*: \_\_\_\_\_ Middle: \_\_\_\_\_  
Address\*: \_\_\_\_\_  
City/State/Zip\*: \_\_\_\_\_  
Home Telephone\*: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Age\*: \_\_\_\_\_ Date of Birth\*: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Sex\* (check one): \_\_\_\_ MALE \_\_\_\_ FEMALE

Length of time residing and/or employed in Sleepy Hollow area\*: \_\_\_\_\_  
Current Occupation\*: \_\_\_\_\_  
Employer\*: \_\_\_\_\_  
Address\*: \_\_\_\_\_

Highest Level of Education Completed\*: \_\_\_\_\_

Referred to Sleepy Hollow Volunteer Ambulance Corps by (if applicable):  
\_\_\_\_\_

Do you have a driver's license?\* \_\_\_\_ Yes \_\_\_\_ No  
D/L#: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has your driver's license ever been suspended or revoked for ANY reason? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain and give dates: \_\_\_\_\_

Have you ever been convicted of a crime?\* \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain and give dates: \_\_\_\_\_

Have you ever applied for membership to the Sleepy Hollow Volunteer Ambulance Corps?\*  
\_\_\_\_ Yes \_\_\_\_ No  
If yes, list dates: \_\_\_\_\_

Have you ever been a member of the Sleepy Hollow Volunteer Ambulance Corps in the past? \*  
\_\_\_\_ Yes \_\_\_\_ No  
If yes, when: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Have you ever applied to and/or been a member to another ambulance corps or first aid squad (volunteer/paid)?\*  Yes  No

If yes, complete the following:

Organization	Date(s) of Service	Reason For Leaving
1.		
2.		
3.		
4.		

(Please attach separate sheet if affiliated with more than four organizations.)

Have you ever had any first aid and/or emergency medical services training?\*  Yes  No  
If yes, please list course(s) and expiration date below.

Course	Check All That Apply	Expiration Date
EMT-B		
CPR		
CEVO		
First Aid		
Blood Bourne Pathogens		
Haz-Mat		
Other		

Please include copies of all certifications with application

AVAILABILITY (Please check below days & times available)

	Morning	Afternoon	Evening	Overnight
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

\*Morning (7:00 AM – 12:00 PM) Afternoon (12:00 PM – 7:00 PM)

\* Evening (7:00 PM – 12:00 AM) Overnight (12:00 AM – 7:00 AM)

Have You Received the Hepatitis-B Vaccination?  Yes  No

If Yes, List Series Dates: \_\_\_\_\_

If No, and Accepted as a Member, would you like to receive Hepatitis-B Vaccination?  Yes  No

If No, Sign on this Line: \_\_\_\_\_

Are you currently enrolled as a student with a college/university?  Yes  No

If Yes, what college/university and where is it located? \_\_\_\_\_

Are You Currently Taking any Medications?  Yes  No

If Yes, Please List: \_\_\_\_\_

Do you suffer from any Medical Conditions which would stop you from performing your duties at SHAC?

Yes  No

If Yes, Please List: \_\_\_\_\_

Please List 3 References Below, Which we may contact in regards to your application with SHAC:  
**(YOU MUST PROVIDE AT LEAST 1 PROFESSIONAL REFERENCE)**

Name	Address	Phone	Relationship
1.			
2.			
3.			

If acceptance is granted under this application, I do understand and agree to comply with all the rules and regulations, which include, but are not limited to, the By-Laws and Operational Guidelines of the Sleepy Hollow Volunteer Ambulance Corps. I further agree to submit documentation of a physical examination by a licensed healthcare provider (MD, DO, NP) prior to duty assignment. (Physical examination documentation form provided by the Sleepy Hollow Volunteer Ambulance Corps.)

In addition, I give the Sleepy Hollow Police Department permission to perform a background investigation on me and run my driving record. **Applicant Initial:** \_\_\_\_\_

The information provided on this application has been provided by me and is true and accurate to the best of my knowledge. It is understood that any false information or statements on this application or on the physical examination documentation, is sufficient cause for rejection of this application and/or dismissal from the Sleepy Hollow Volunteer Ambulance Corps.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**(If a minor, parent/guardian signature required)**

**DO NOT WRITE BELOW THIS LINE (FOR MEMBERSHIP COMMITTEE USE ONLY)**

Date Application Received: \_\_\_\_\_ Date Interviewed: \_\_\_\_\_

Date reviewed by Membership Committee: \_\_\_\_\_

Interviewed by: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

Date accepted as member: \_\_\_\_\_ Membership Type: \_\_\_\_\_

Membership information provided to:

\_\_\_\_\_ Scheduling Officer \_\_\_\_\_ Training Officer \_\_\_\_\_ Secretary \_\_\_\_\_ Junior Corps Advisor

\_\_\_\_\_ Termination Information \_\_\_\_\_

Date resigned/terminated: \_\_\_\_\_ Reason: \_\_\_\_\_

Did member resign in good standing: \_\_\_\_\_ Yes \_\_\_\_\_ No

(If no, please provide documentation or reason)

Did Member return all Issued Gear and Equipment? \_\_\_\_\_ Yes \_\_\_\_\_ No.

Signature of Officer accepting gear and resignation: \_\_\_\_\_

