

NORTHVALE VOLUNTEER AMBULANCE CORPS

196 FIRENZE STREET, NORTHVALE, NJ 07647

Telephone: 201-768-6040

MEMBERSHIP APPLICATION

NAME: _____ DATE OF BIRTH: ___/___/___ AGE ____

ADDRESS: _____ HOME PHONE: _____

_____ HOME EMAIL: _____

DO YOU HAVE A VALID NEW JERSEY DRIVER'S LICENCE? [] YES [] NO

LICENSE NO: _____ EXPIRATION DATE: ___/___/___

DO YOU HAVE ANY POINTS ON YOUR LICENSE? [] YES [] NO

HAVE YOU EVER BEEN ARRESTED AND CONVICTED OF A FELONY? [] YES [] NO

DO YOU HAVE ANY PRIOR FIRST AID EXPERIENCE? [] YES [] NO

IF YES, PLEASE PROVIDE DETAILS: _____

PLEASE INDICATE THE SPECIFIC NIGHT OR NIGHTS THAT YOU ARE AVAILABLE TO PROVIDE
COVERAGE (7 PM to 6 AM):

SUNDAY [] MONDAY [] TUESDAY [] WEDNESDAY [] THURSDAY [] FRIDAY []

IF YOU ARE ALSO AVAILABLE DURING THE DAYTIME, PLEASE INDICATE THE DAYS THAT YOU
ARE AVAILABLE:

MONDAY [] TUESDAY [] WEDNESDAY [] THURSDAY [] FRIDAY []

DO YOU HAVE ANY PHYSICAL OR MENTAL PROBLEMS THAT MAY PREVENT YOU FROM
PERFORMING YOUR DUTIES AS A MEMBER OF THE NORTHVALE VOLUNTEER AMBULANCE
CORPS? [] YES [] NO

PLEASE LIST THREE REFERENCES AND RELATIONSHIP:

1. _____ (Your Signature)

2. _____

3. _____ (Date)

Please return the completed form to the address above or you may give the completed form to any existing member. We will be in touch with you shortly!