



Carlstadt Volunteer Ambulance Corps

P.O. Box 84
Carlstadt, New Jersey 07072
Emergency 9-1-1 or 201-438-4300
Business 201-438-8886

APPLICATION FOR MEMBERSHIP

NAME _____
ADDRESS _____ APT/ FLOOR _____
TOWN _____ STATE _____ ZIP _____
TELEPHONE NUMBER _____ EMAIL ADDRESS _____
DATE OF BIRTH _____ SOCIAL SECURITY _____
DRIVER'S LICENSE _____ STATE _____

CURRENT EMPLOYER _____
ADDRESS _____ APT/ FLOOR _____
TOWN _____ STATE _____ ZIP _____
TELEPHONE NUMBER _____ SUPERVISOR'S NAME _____

Are you now, or have you ever been a member of another EMS / Ambulance organization, Rescue Squad or Fire Department? _____

ORGANIZATION _____
ADDRESS _____ APT/ FLOOR _____
TOWN _____ STATE _____ ZIP _____
TELEPHONE NUMBER _____ SUPERVISOR'S NAME _____

Do you currently hold any of the following certifications? If so, please list expiration dates and attach a copy to this application. You also may attach any other relevant certifications.

C.P.R. _____ E.M.R. _____ E.M.T. _____

Do you have and physical or psychological conditions which may inhibit your ability to perform the duties required of an emergency medical services provider? If so, please list the disability on a separate sheet of paper. Reasonable accommodations will be provided if possible. A pre-membership physical may be required. _____

Please list three (3) references who have known you for at least three (3) years. These references may submit reference letters which must include their name, contact information and length of time they have known you. Those not submitting letters will be contacted.

NAME _____
ADDRESS _____ APT/ FLOOR _____
TOWN _____ STATE _____ ZIP _____
TELEPHONE NUMBER _____ YEARS KNOWN _____

NAME _____
ADDRESS _____ APT/ FLOOR _____
TOWN _____ STATE _____ ZIP _____
TELEPHONE NUMBER _____ YEARS KNOWN _____

NAME _____
ADDRESS _____ APT/ FLOOR _____
TOWN _____ STATE _____ ZIP _____
TELEPHONE NUMBER _____ YEARS KNOWN _____

Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) _____
If yes please attach a separate page listing the offense, date, location, and disposition of case.

I affirm that all of the information provided above in this application is true and complete to the best of my knowledge. I hereby authorize the Carlstadt Volunteer Ambulance Corps and the Carlstadt Police Department to conduct a comprehensive review of my background causing an investigation for employment and/or volunteer purposes. I understand that the scope of the investigation may include but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, motor vehicle records, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I understand that any false or incomplete information may disqualify me from membership if discovered at a later date.

Signature: _____ Date: _____

Date Received _____ Interview Date _____ Background Completed _____

Approved _____ Accepted at meeting _____