

# Fair Lawn Volunteer Ambulance Corps Membership Application



1 Cooper's Way, Fair Lawn, New Jersey 07410  
201-797-5321

Thank you for expressing an interest in the Fair Lawn Volunteer Ambulance Corps Inc. (FLVAC). Members of our organization respond to emergency calls 24 hours a day, 7 days a week. Our membership is staffed by volunteers looking to give back to the community. We take pride in being able to offer help and assistance to our neighbors.

You've taken the first step towards becoming a member of our organization. Once you've completed the application please return it to us electronically or by dropping it off at our headquarters. The Membership Committee will review it and contact you to schedule an interview.

The interview gives The Membership Committee an opportunity to explain our training requirements and obligations of membership. This is a good time for us to answer any questions you may have. If you are under the age of 18 you will be required to bring a parent or guardian with you.

If accepted for membership you will begin a probationary period during which time you will become CPR certified, ride on the ambulance as part of a crew, participate in monthly training sessions and attend EMT (Emergency Medical Technician) school. During this time, senior members of the Corps will be guiding you and evaluating your commitment and dedication to the Corps as well as your developing skills.

Being a member of the Fair Lawn Volunteer Ambulance Corps is a rewarding and fulfilling experience. We look forward to meeting with you.

Should you need more information please call 201-797-5321 or email us at [newmember.flvac@gmail.com](mailto:newmember.flvac@gmail.com).

Sincerely,

FLVAC Membership Committee

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Probationary Member  Cadet Member (16 and 17 yrs. old)

## Personal Information

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Skills/Experience

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> First Aid / EMS | <input type="checkbox"/> Grants        | <input type="checkbox"/> Fire Fighter      | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> ICS             | <input type="checkbox"/> WMD           | <input type="checkbox"/> HAZMAT            | <input type="checkbox"/> HAZCOM          |
| <input type="checkbox"/> Medical Terms   | <input type="checkbox"/> Nursing       | <input type="checkbox"/> MICU              | <input type="checkbox"/> Transport       |
| <input type="checkbox"/> Fundraising     | <input type="checkbox"/> MS Office     | <input type="checkbox"/> Typing            | <input type="checkbox"/> PC Repair       |
| <input type="checkbox"/> Leadership      | <input type="checkbox"/> Goal Oriented | <input type="checkbox"/> Detailed Oriented | <input type="checkbox"/> Web Design      |

Please list any additional skills you have along with the areas you are interested in helping our organization with: \_\_\_\_\_  
\_\_\_\_\_

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## Work / Volunteer History (List most current first)

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

May we contact this employer?  Yes  No Work Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Why did you leave this employer?  N/A \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

May we contact this employer?  Yes  No Work Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Why did you leave this employer?  N/A \_\_\_\_\_

Have you ever been a member of an ambulance service?  Yes  No

Volunteer  Paid  Municipality \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Personal Reference (Not family Member): Name and phone: \_\_\_\_\_

\_\_\_\_\_

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## Certification / Licenses (Please provide copies)

**Driver's License:** No Yes License Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**CPR:** No Yes

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**EMT:** No Yes State ID Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Other:** \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Identification Number: \_\_\_\_\_

**Other:** \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Identification Number: \_\_\_\_\_

**Other:** \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Identification Number: \_\_\_\_\_

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## Background Information

**Type of driving experience:** Car Van Box Truck Type 1 Ambulance  
Type 2 Ambulance Type 3 Ambulance Other:

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Have any of your certifications or licenses ever been revoked? No Yes: (Explain below)

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Have you ever been arrested and/or convicted of a crime?  
No Yes: (Explain below)

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Reckless Driving                      Date(s): \_\_\_\_\_  
 Speeding                                      Date(s): \_\_\_\_\_  
 DUI/DWI                                      Date(s): \_\_\_\_\_

Explanation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fair Lawn Volunteer Ambulance Corps  
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**Availability**

**Times available for Training / Duty:**

Sunday	Yes	No	Hours: _____
Monday	Yes	No	Hours: _____
Tuesday	Yes	No	Hours: _____
Wednesday	Yes	No	Hours: _____
Thursday	Yes	No	Hours: _____
Friday	Yes	No	Hours: _____
Saturday	Yes	No	Hours: _____

Please list any restrictions that may or will affect your availability for volunteer work:

\_\_\_\_\_

**I fully understand that submission of this application does not guarantee membership in the Fair Lawn Volunteer Ambulance Corps, Inc.**

**I certify that the statements made herein are the truth, and I do authorize the Fair Lawn Volunteer Ambulance Corps or its agents or designees to conduct such investigations as deemed necessary.**

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

**ADMINISTRATIVE USE ONLY**

Date Application Received: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Date Background Check Conducted: \_\_\_\_\_

Date Credentials Reviewed: \_\_\_\_\_

Date of Acceptance: \_\_\_\_\_

Comments: \_\_\_\_\_

Committee Members Present At Interview: \_\_\_\_\_

Badge Number Issued: \_\_\_\_\_ Membership Type: \_\_\_\_\_

Entered By : \_\_\_\_\_

# Fair Lawn Volunteer Ambulance Corps Membership Application



## Parental Consent Form for Minor Applicants

To be completed by the parents or guardians of all applicants who are under 18 years of age prior to interview.

I / We hereby grant permission for my/our son/daughter to apply for membership in the Fair Lawn Volunteer Ambulance Corps. I /we understand I/we may withdraw my/our son/daughter from the FLVAC at any time.

\_\_\_\_\_  
(Print Name of Applicant)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name of Parent or Guardian signing above)

\_\_\_\_\_  
(Signature of Second Parent or Guardian) Optional

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name of Parent or Guardian signing above)