

MEMBERSHIP APPLICATION



Welcome to the Carmel Volunteer Ambulance Corp. You are about to apply for membership in the exciting field of Emergency Medical Services. Carmel Volunteer Ambulance Corp. provides these services to the Town of Carmel and the surrounding Towns in Putnam County. We are a Not-for-Profit, volunteer organization. We do not discriminate against anyone or any group of people. We encourage anyone with a desire to help serve those in need to apply for membership. Turn the page to take your first step towards becoming a Public Servant!



Carmel Volunteer Ambulance Corp
P.O. Box 508
Carmel, NY 10512

845-225-7000



www.carmelambulance.com

Applicant Information

1. Please complete the following two attached forms.
 - Application for Membership (2 pages)
 - “Authorization/Request for Criminal Record/NYS Drivers Record from Non-Police Agency
2. Sign and date all appropriate forms.
3. Please provide a copy of your driver’s license as well as any other certification cards you have (I.E. CPR, EMT etc)
4. For continuity of processing your application, you must mail the completed forms to:

Secretary, Carmel V.A.C.
PO Box 508
Carmel, NY 10512-0508
5. When the forms have been received (Criminal Record Check and Motor Vehicle Record Check), you will be contacted by someone from the Membership Committee to schedule and interview at the Ambulance Corp Building.

If you have any questions about these forms or requirements, please call the ambulance corp. at 225-7000, and leave a message with your name and phone number where you can be reached. **DO NOT** return this sheet; use it as a guide till the process is complete.

Thank you for expressing interest in joining our ambulance corp!

Membership Application

Date: _____

1. Personal information:

First Name	MI	Last Name	
Street Address (PO Box not accepted)	City	State	Zip
Social Security Number	Date of Birth		
NYS Drivers License Number	Date of Expiration		
Phone	Cell phone	E-Mail	

2. Mailing Address (if different than legal address)

Street Address (PO Box accepted)	City	State	Zip
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3. Circle the appropriate box to the right of each question:

Have you ever been dismissed or discharged from any employment for reasons other than lack of work funds?	Yes	No
Have you ever resigned from any employment rather than face dismissal?	Yes	No
Have you ever been convicted of any crime (felony or misdemeanor)?	Yes	No
Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?	Yes	No
Are there any arrests or criminal accusations currently pending against you?	Yes	No

If you answered "YES" to any question(s) above, please use the space below to give specifics. If you elect not to provide an explanation, you may be disqualified, or if such explanation is insufficient, you may be required to submit further information. Attach additional 8 1/2 x 11 sheets if needed.

4. Education:

High School	Yr. Graduated
College	Yr. Graduated
Type of Degree	Program
Other educational resources	

5. Employment- List current employment first, followed by previous employers.

Name of firm	Contact Person	Dates of employment
Name of firm	Contact Person	Dates of employment
Name of firm	Contact Person	Dates of employment

6. Personal references- name, address and contact number (no relatives)

1.
2.
3.

7. EMS Training- List any NYS Course and/or certifications- Dates of expiration

List any other EMS/Fire/Rescue training:

8. Membership in other organizations and locations- include Chief or Captain's name

Organization	Location	Contact Person

I herby apply for membership in the Carmel Volunteer Ambulance Corp. I certify by my signature that the information I provided is true and complete. I further agree to uphold the Bylaws and Standard Operation Procedures of the organization and will abide by its rules. I agree to properly maintain any property entrusted to me and to return all Corp. Property in good condition promptly when directed to upon my resignation/cessation of membership.

Applicant Signature _____

Date _____

Sponsoring Member Signature _____

Date _____

Date applicant interviewed by committee _____

Recommendation _____

Date of probationary member vote _____

Approved _____

Denied _____

Date of permanent member vote _____

Approved _____

Denied _____



Kevin J. McConville
SHERIFF

PUTNAM COUNTY
OFFICE OF THE SHERIFF
AND
CORRECTIONAL FACILITY
THREE COUNTY CENTER
CARMEL, NEW YORK 10512
845-225-4300



Thomas H. Lindert
UNDERSHERIFF

Authorization/Request for Criminal Record/NYS Drivers Record from Non-Police Agency

All the following information must be completed

PLEASE PRINT CLEARLY

Date: _____

Name: _____ DOB: _____

Maiden Name/Other names used: _____

Address: _____
Street # / PO Box City State Zip

Height: _____ Eye Color: _____ MALE OR FEMALE

NEW YORK STATE DRIVER'S LICENSE ID # _____

AUTHORIZATION FOR RELEASE OF CRIMINAL RECORD

I hereby authorize and request the Sheriff of Putnam County to furnish and release any records of the Putnam County Sheriff's Department and Correctional Facility to the agency listed below:

Signature of applicant

Date

Reason Record Check Required: _____

Agency Requesting Record: _____

Address: _____

Signature of Person Requesting Record: _____

PLEASE ATTACH DRIVER'S LICENSE TO APPLICATION.