

WOODBURY COMMUNITY AMBULANCE, INC.
APPLICATION FOR MEMBERSHIP

Date _____

Name _____

Residence address _____

Highland Mills Central Valley _____

Mailing address (if different) _____

Home phone _____ Business phone _____

Employer _____ Occupation _____

Previous Employer (if less than five years with above employer) _____

Dates of Employment, reason for leaving. _____

Date of birth _____ Social Security Number _____

Driver's license state _____ Number _____ Expires _____

Do you now, or have you ever held membership in any ambulance, fire or police organization? yes no

If yes, list organization and present status _____

Have you ever been asked to resign from, or been dismissed from any volunteer organization? If yes, please explain.

Certifications:

CPR sponsor _____ Expires _____

First Aid sponsor _____ Expires _____

Emergency Medical Technician EMT # _____ Expires _____

Certified First Responder CFR # _____ Expires _____

Please list any other courses or training that you have completed which will be useful in your ambulance work.

Please list two non-family references with phone number and relationship to you.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

List any WCA members who are relatives and their relationship to you.

Do you have any physical or medical disabilities? yes no If yes, please describe briefly.

Do you use any illegal drugs or abuse any prescription drugs? _____

**WOODBURY COMMUNITY AMBULANCE, INC.
APPLICATION FOR MEMBERSHIP**

- I agree that, if accepted as a member of Woodbury Community Ambulance, Inc., I will comply with the by-laws, rules, regulations, and policies of the organization. (initial here >)
- I acknowledge that all uniforms, equipment, ambulance building keys, green-light permits, Orange County Civil Defense cards, and Woodbury Community Ambulance I.D. cards issued to me are the property of Woodbury Community Ambulance, Inc. and agree to return all ambulance corps property to the Woodbury Community Ambulance Captain or President upon request or upon termination of my membership. (initial here >)
- I give permission to have my driving record checked periodically for violations. (initial here >)
- I agree to any medical tests required by, and paid for by, Woodbury Community Ambulance. (initial here >)
- I give Woodbury Community Ambulance permission to check my references. (initial here >)
- I give Woodbury Community Ambulance permission to use law enforcement agencies to investigate any possible criminal records. (initial here >)

By my signature in this box, I affirm that I have NOT been convicted of any misdemeanors or felonies. I understand that any prior criminal convictions may not be a bar to membership but shall be reviewed.

(Signature)

(Date)

DO NOT SIGN ABOVE IF YOU HAVE BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR!

If unable to sign, check this box >

I hereby apply for membership in Woodbury Community Ambulance, Inc.

- I certify that all of the information contained in this application is correct and true and that the signature below is mine.
- I understand that entering false information on this document can and will result in termination of membership.

(Applicant's name printed)

(Applicant's signature)

(Name of Witness to Signature)

(Date)

Membership proposed by _____

Interviewed by Membership Committee on (date) _____

- Committee members:
1. _____
 2. _____
 3. _____
 4. _____

Disposition of application by WCA membership		<input type="checkbox"/> accepted	<input type="checkbox"/> rejected
Accepted as	<input type="checkbox"/> Probationary <input type="checkbox"/> Driver <input type="checkbox"/> Youth-Squad	Date	_____
Status change	<input type="checkbox"/> Provisional <input type="checkbox"/> Driver <input type="checkbox"/> Active	Date	_____
Status change	<input type="checkbox"/> Provisional <input type="checkbox"/> Driver <input type="checkbox"/> Active	Date	_____
<input type="checkbox"/> Honorary	<input type="checkbox"/> Dropped from roster <input type="checkbox"/> Resignation accepted	Date	_____