

**Fair Lawn Volunteer Ambulance Corps, Inc.**  
**1 Cooper's Way**  
**P.O. Box 282**  
**Fair Lawn, New Jersey 07410**  
**(201) 797-5321**

---

**Personal Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Are you a U.S. Citizen?  Yes (by birth)  Naturalized on \_\_\_\_\_

Current Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

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

Number of years at that address: \_\_\_\_\_  Own  Rent  Live with Parents / Relatives

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Number of years at that address: \_\_\_\_\_  Own  Rent  Live with Parents / Relatives

Marital Status:  Single  Married Beneficiary: \_\_\_\_\_

Military Service:  Yes  No Branch:  Army  Navy  Air Force  Marines  Other

Dates: \_\_\_\_\_ Type of Discharge:  Honorable  Dishonorable  Other (give details below)

---

**Work History**

Use back of page for additional employers

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

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

Work Shifts:  Weekday  Weeknight  Weekend Days  Weekend Nights Work Hours: \_\_\_\_\_

May we contact your current employer:  Yes  No: why? \_\_\_\_\_

**Volunteer History / Certifications**

Do you have any first aid experience?  Yes  No

Are you certified in CPR?  Yes Exp date: \_\_\_\_\_  No

Are you certified as an EMT?  Yes Exp. Date: \_\_\_\_\_  No

Volunteer Activities / Organizations to which you belong:

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**Fair Lawn Volunteer Ambulance Corps, Inc.**  
**1 Cooper's Way**  
**P.O. Box 282**  
**Fair Lawn, New Jersey 07410**  
**(201) 797-5321**

**Background Information**

Type of Driving Experience:  pleasure car  van  straight truck  tractor trailer  other: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Has your driver's license ever been revoked?  Yes (give details on line below)  No

Have you ever been arrested and convicted of a crime?  Yes (give details in space below)  No

Have you ever been charged with (give details in space below):

Reckless Driving	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates: _____
Speeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates: _____
Morals Offense	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates: _____
Narcotics Offense	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates: _____
DWI	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates: _____

*I fully understand that the acceptance of this application is in no way binding upon the Fair Lawn Volunteer Ambulance Corps, Inc.*

*I certify that the statements made herein are the truth, as it is known to me, and I do authorize the Fair Lawn Volunteer Ambulance Corps, Inc. or it's agents or designee's to conduct such investigation as deemed necessary.*

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

<b>DO NOT WRITE BELOW THIS LINE</b> <i>Membership Committee Review &amp; Investigation</i>	
Date Application Received: _____	<input type="checkbox"/> mail <input type="checkbox"/> in person <input type="checkbox"/> other: _____
Police Investigation Date: _____	comments: _____
Interview Date: _____	comments: _____
Application: <input type="checkbox"/> accepted at meeting of _____ Notification sent: _____ <input type="checkbox"/> rejected <input type="checkbox"/> on hold	

**Fair Lawn Volunteer Ambulance Corps, Inc.**  
**1 Cooper's Way**  
**P.O. Box 282**  
**Fair Lawn, New Jersey 07410**  
**(201) 797-5321**

**Medical Release Form**

\_\_\_\_\_ has made application to the Fair Lawn Volunteer Ambulance Corps, Inc. to become a Corps member. This involves first aid training, performance, driving of an emergency vehicle, stressful situations, lifting of patients, stretchers and equipment.

We ask that you supply some current medical information as well as some past medical history concerning the above named applicant. This will assist us in determining if the applicant would be able to successfully perform all the duties of a Corps member.

**History:**

1. Previous hospitalizations and operations:

Dates: \_\_\_\_\_ Where: \_\_\_\_\_  
Reason: \_\_\_\_\_  
\_\_\_\_\_

2. Disabilities: \_\_\_\_\_  
\_\_\_\_\_

3. Physical Impairments / Limitations: \_\_\_\_\_  
\_\_\_\_\_

4. Allergies: \_\_\_\_\_

5. Medications: \_\_\_\_\_

**Physical Exam:**

1. Last Recorded:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

2. EKG Date: \_\_\_\_\_  Normal  Abnormal: \_\_\_\_\_

3. Chest X-Ray Date: \_\_\_\_\_  Normal  Abnormal: \_\_\_\_\_

4. Abnormal Test Results: \_\_\_\_\_  
\_\_\_\_\_

5. Last Physical Exam: Date: \_\_\_\_\_ Comments: \_\_\_\_\_  
\_\_\_\_\_

*Do you feel that this applicant can physically and mentally perform as an Ambulance Corps member?*

YES  NO

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

License Number: \_\_\_\_\_ State of License: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fair Lawn Volunteer Ambulance Corps, Inc.**  
**1 Cooper's Way**  
**P.O. Box 282**  
**Fair Lawn, New Jersey 07410**  
**(201) 797-5321**

**Security Check Authorization**

To: Fair Lawn Police Department

I have applied for volunteer participation, and for the purposes of such application, do hereby authorize the release of any criminal history, motor vehicle or other type of record / information maintained or available to your agency, for the stated purpose of the Fair Lawn Volunteer Ambulance Corps, Inc.. Information released as a result of this authorization shall be used for the express purpose of processing the indicated applicant.

\_\_\_\_\_  
(signature of applicant)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(print name of applicant)

\_\_\_\_\_  
(signature of parent or guardian if the applicant is under 18 years old)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(print name of parent or guardian signing above if applicable)

**Fair Lawn Volunteer Ambulance Corps, Inc.**  
**1 Cooper's Way**  
**P.O. Box 282**  
**Fair Lawn, New Jersey 07410**  
**(201) 797-5321**

**Parent Consent Form for Applicants who are Minors**

*To be completed by the parents or guardians of all applicants who are under 18 years of age*

I / We hereby grant permission for our son / daughter to participate in the Fair Lawn Volunteer Ambulance Corps, Inc.. Permission includes but is not limited to participation in all duties, functions and activities required by their membership classification.

I / We have read the rules and regulations governing the Fair Lawn Volunteer Ambulance Corps, Inc. and hereby accept them in their entirety.

\_\_\_\_\_  
(print name of applicant)

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(print name of parent or guardian signing above)

\_\_\_\_\_  
(Signature of 2<sup>nd</sup> parent or guardian) (not required)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(print name of parent or guardian signing above)

**Fair Lawn Volunteer Ambulance Corps, Inc.**  
**1 Cooper's Way**  
**P.O. Box 282**  
**Fair Lawn, New Jersey 07410**  
**(201) 797-5321**

**Membership Information & Requirements**

Thank you for your interest in the Fair Lawn Volunteer Ambulance Corps, Inc. Membership within our organization is a very substantial commitment of time, and it would be helpful for you to understand exactly what will be involved. Please review all information provided. If you have any further questions, please contact us at 201-797-5321.

***Probationary Status:***

All members (except those under 18 years old) start as a probationer. This status allows you to become familiar with the Corps, it's rules & regulations, become certified and make a decision if this is something you wish to continue. At the same time, it allows the Corps to get to know you and decide if you are the type of member that will honor our high standards and commitment.

**To complete probation you must complete the following:**

- Minimum of 6 months
- Minimum of 100 calls taken
- Complete certification of Professional Rescuer CPR (adult, child & infant)
- Complete certification as an Emergency Medical Technician (EMT)
- Demonstrate knowledge of Corps rules, regulations, policies, procedures, location of all equipment, location of all hospitals, ability to work with patients and crewmembers.

**Requirements:**

- Attend EMT course (if you are not already certified). The course is 140 hours long and runs from January to May or September to December. Classes are generally 2 nights per week and a few weekend days during the semester.
- Sign on the schedule (2 week period) for a minimum of 22 hours.
- Sign on "Sunday" rotation for 2 Sundays per 6 month period.
- Attend meeting of the Corps on alternating Wednesday nights. Meetings run from 7:30 to 10:00.

**Fair Lawn Volunteer Ambulance Corps, Inc.**  
**1 Cooper's Way**  
**P.O. Box 282**  
**Fair Lawn, New Jersey 07410**  
**(201) 797-5321**

**Membership Information & Requirements**

***General Membership:***

Upon completing probation, this is the second and preferable membership option. The requirements for General membership are as follows:

- Fulfill 22 hours per schedule (2 week period)
- Fulfill Sunday rotation
- Must maintain CPR and EMT certification
- May vote on Corps business
- May hold office in the Corps.
- Gets full clothing allowance benefits.

***Cadet Corps Membership:***

For those 16-19 years old, they may only enroll as a Cadet Corps member. Cadet Corps members are more restricted in their functions and duties due to limitations with our insurance company and State laws. All Cadet Corps members have the following requirements:

- Fulfill 10 hours per schedule (2 week period)
- Must become certified in Professional rescuer CPR and maintain the certification.
- Must become certified as an Emergency Medical Technician (EMT) and maintain certification.
- Must attend 75% of all called Cadet Corps meetings and Corps First Aid meetings.
- May not vote on Corps business.
- May not hold office in the Corps.
- Do not get clothing allowance benefits.
- Must maintain school grades (if in high school) to the satisfaction of parents / guardian.
- May not take call past 10 PM on a school night and not past 11 PM on a non-school night.

***Auxiliary Membership:***

There are many people who are unable to ride on the ambulance due to age, physical or mental limitations. We encourage these people to join and have this special membership classification for them. There are very few requirements for this classification. These members are utilized to assist on committees, cleaning, running errands and office work.

- Must volunteer for a minimum of 2 hours per week.
- May not vote on Corps business.
- May not hold an office in the Corps.
- Do not get clothing allowance benefits.
- Medical portion of form not required to be completed.