



FRANKLIN LAKES VOLUNTEER AMBULANCE CORPS, INC.
PO BOX 302 * FRANKLIN LAKES, NJ 07417
(201) 891-5151
Membership Application

Some of the questions below are personal. Due to insurance requirements and the nature of events to which you will be exposed, it is critical that we have this information. Please be advised that it will be kept confidential. Upon acceptance into membership, the Franklin Lakes Ambulance Corps will be responsible for all training and certification expenses.

NAME _____ DATE OF BIRTH _____
 STREET ADDRESS _____ TELEPHONE _____
 (HOME) _____
 CITY _____ STATE _____ ZIP _____ (WORK) _____
 EMAIL ADDRESS _____ (CELL) _____
 How long have you lived at this address? _____
 Previous address (if less than three years at current address) _____
 Emergency Contact Name & Telephone _____

DRIVER'S LICENSE NO. _____ SOCIAL SECURITY NO. _____
 How long have you been driving? _____
 Have your driving privileges ever been suspended? ____yes____no If yes, please explain _____

Have you had any motor vehicle violations in the last three years? ____yes____no. If yes, please explain _____

Have you ever been convicted of criminal activity? ____yes____no. If yes, please explain _____
 Do you have any physical or medical restrictions that would prevent you from performing your duties as an ambulance corp member? ____yes____no. If yes, please explain _____

First Aid Experience _____
 First Aid Certifications (CPR, EMT-B, EMT-P, RN, etc.) _____

Are you or have you ever been, a member of or affiliated with another emergency service organization (fire, rescue, ambulance corps)? ____yes____no. If yes, please provide the following information:
 Name of Organization _____
 Dates of Participation _____ Reason for Leaving (if applicable) _____

I HAVE TRUTHFULLY COMPLETED THIS APPLICATION AND HAVE ANSWERED ALL QUESTIONS CORRECTLY AND TO THE BEST OF MY ABILITY. I ACKNOWLEDGE AND GIVE PERMISSION FOR THE FRANKLIN LAKES VOLUNTEER AMBULANCE CORPS, INC. TO CONDUCT A BACKGROUND CHECK, INCLUDING BUT NOT LIMITED TO, THE INFORMATION ABOVE. IF ACCEPTED AS A MEMBER, I AGREE TO COMPLY WITH THE BYLAWS AND STANDARD OPERATING PROCEDURES OF THE FRANKLIN LAKES VOLUNTEER AMBULANCE CORPS, INC. A COPY OF WHICH HAS BEEN PROVIDED TO ME.

SIGNED _____ DATE _____
 PARENT'S SIGNATURE _____ DATE _____
 (IF UNDER 18 YEARS OF AGE)

*All applicants must be at least 16 years old and either live or work in the Borough of Franklin Lakes.