

POUND RIDGE LIONS VOLUNTEER AMBULANCE CORPS

P .O. BOX 237

POUND RIDGE, NY 10576-0237

914-764-4545

MEMBERSHIP APPLICATION

DATE _____

LAST _____ FIRST _____ MI _____

ADDRESS _____ TOWN _____ ST _____ ZIP _____

HOME TEL _____ BUSINESS TEL _____ CELL TEL _____

DOB ____ / ____ / ____ SSN ____ - ____ - ____ E-Mail _____

OCCUPATION _____ EMPLOYER _____

EMT# (If Appl.) _____ EXP DATE _____ CFR # (IF Appl.) _____ EXP DATE _____

CPR CERTIFICATION: EXP DATE _____ PLACE TAKEN (e.g. AHA) _____

NYS MOTORIST ID _____ (attach copy) EXP DATE _____

OF MOVING VIOLATIONS IN PAST 3 YEARS (please list) _____

OF ACCIDENTS IN PAST 3 YEARS (please list) _____

SPECIAL TALENTS USEFUL TO AMBULANCE CORPS _____

DATE OF LAST PHYSICAL _____

DATE OF IMMUNIZATIONS: HEPATITIS _____ TB _____ FLU _____

APPLICATION: I, _____, HEREBY APPLY FOR MEMBERSHIP IN THE POUND RIDGE LIONS VOLUNTEER AMBULANCE CORPS; I SHALL HOLD ALL INFORMATION RELATING TO THE CORPS, PERSONNEL, AND PATIENTS CONFIDENTIAL. I AUTHORIZE VERIFICATION OF APPLICATION INFORMATION I HAVE SUBMITTED ABOVE. I UNDERSTAND THAT ALL EQUIPMENT LOANED TO ME MUST BE RETURNED UPON MY TERMINATING MEMBERSHIP IN PRLVAC.

SIGNATURE _____ DATE _____

DATE OF INTERVIEW WITH MEMBERSHIP COMMITTEE _____

RECOMMENDATION OF MEMBERSHIP COMMITTEE: yes no

DATE PRESENTED TO MEMBERSHIP _____

DATE ACCEPTED INTO PRLVAC _____

ASSIGNED ID _____

Pound Ridge Lions Volunteer Ambulance Corps

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to the Pound Ridge Lions Volunteer Ambulance Corps, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of all medical, and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners; the U.S Veterans Administration, Navy, Army, Air Force, Marines, Coast Guard, Military Reserves; Federal Tax Bureaus, Welfare and Unemployment Services, employment and pre-employment records including background reports, efficiency ratings, complaints, grievances filed by or against me and any and all records of a civil or criminal nature in which I presently have, or have had an interest.

I also certify that any person(s) who may furnish such information concerning me shall not be held liable for giving this information; and I do hereby release said persons from any and all liability which may be incurred as a result of furnishing such information. I further release the Pound Ridge Lions Volunteer Ambulance Corps from any and all liability, which may be incurred as a result of collecting such information.

A PHOTOCOPY OF THIS RELEASE WILL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH THE SAID PHOTCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS "Authorization for Release of Personal Information"

Signature of Applicant

Date