

**LEWISBORO VOLUNTEER AMBULANCE CORPS
RIDING MEMBERSHIP APPLICATION**

Name: _____

Address: _____

Email: _____

Home Phone: _____ Cell or Business Phone: _____

Date of Birth: ____/____/____ Age: _____ Male: _____ Female: _____

Occupation: _____

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Have you had any First Aid, CPR, or other healthcare training? Yes _____ No _____

If yes, please explain. _____

If you have any current certifications, please list the type of certification, expiration date and ID#:

Course: _____ Expiration Date: _____ ID#: _____

Course: _____ Expiration Date: _____ ID#: _____

Although not a requirement, would you be interested in furthering your medical training and becoming a New York State Certified Emergency Medical Technician (EMT)? _____

Would you be interested in receiving the training necessary to become a driver? _____

You are required to complete the American Heart Association CPR and First Aid courses for Healthcare Providers prior to riding with a duty crew. Our instructors will provide you with the required training. These certifications must be maintained in order to remain active in riding status and to participate in LVAC functions.

* * * * *

List people you know who are currently members of LVAC: _____

(2)

REFERENCES: List three people we may contact as a reference (other than relatives or family members) preferably from an organization you belong or have belonged to:

1. _____ Phone #: _____

Relationship: _____

2. _____ Phone #: _____

Relationship: _____

3. _____ Phone #: _____

Relationship: _____

What are your hobbies or personal interests? _____

Briefly explain why you chose to apply for membership in the Corps: _____

Have you ever been a member of any local, civic, church, or other volunteer organization?

Please list the times and days you would be available to volunteer: _____

COMMITMENTS OF THE RIDING MEMBER INCLUDE,
BUT ARE NOT LIMITED TO:

- **All riding members must attend Tuesday night meetings and training drills at 7:30 pm in accordance with the by-laws of the Lewisboro Volunteer Ambulance Corps.**
- **A minimum of 48 riding hours per month.**
- **All riding members are required to participate in Corps functions.**
- **All riding members are required to attend an Ambulance Orientation and a Policies and Procedures Orientation with an appointed officer, and must be familiar with such, before they are permitted to ride with a duty crew.**
- **All Riding members must maintain current certifications in American Heart Association CPR and First Aid for the Healthcare Professional.**

(3)

As a riding member of LVAC it may be necessary to perform a variety of tasks during the course of a typical emergency call, including walking on rough or uneven ground, gripping with both hands, climbing stairs, kneeling, crouching, lifting and running a short distance. **Do you have any physical disabilities or limitations** which would prevent you from participating in any of the above activities? ____ If yes, please explain: _____

At any time have you ever suffered from or experienced symptoms of: Chronic back pain, sciatica or other disorder of the back, neck or spine; near fainting or fainting episodes, vertigo or seizures? ____ If yes, please explain: _____

Do you have any other medical conditions or symptoms not mentioned above **or do you take any medication** which would make it difficult or dangerous for you to drive, operate equipment or ride on the ambulance? ____ If yes, please explain: _____

Have you ever been convicted of a crime? ____ If yes, please explain: _____

Have you ever suffered from or been treated for alcohol or drug abuse? ____ If yes, please explain: _____

* * * * *

The above information is for use solely by the Board of directors of the Lewisboro Volunteer Ambulance Corps in assessment of an applicant's eligibility for membership as well as their ability to undertake the tasks necessary to be a riding member. Answering yes to any of the above questions does not necessarily disqualify you from being accepted as a riding member of the Corps. If deemed appropriate, you may be required to provide a physician's statement confirming your ability to perform necessary tasks in a safe and effective manner. This information is considered confidential and will not be shared with the general membership or any outside agency, but will be retained by the Corps as part of your personnel file.

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The information I have provided in this application is true and accurate to the best of my knowledge. I understand that any false information shall be reason for my immediate dismissal from the Lewisboro Volunteer Ambulance Corps. I also agree that, if accepted by the membership, I will, at all times, obey the by-laws, operating rules and policies of the organization and perform in an appropriate manner which is beneficial to the Corps.

Signed: _____ **Date:** _____

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Please return to: Lewisboro Volunteer Ambulance Corps
P. O. Box 694
Cross River, NY 10518
Attention: Membership Committee

Any Questions? E-mail us at: info@LewisboroVAC.org
Visit our website at: www.Lewisborovac.org