

**LEWISBORO VOLUNTEER AMBULANCE CORPS  
JUNIOR CORPS MEMBERSHIP APPLICATION\***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

School: \_\_\_\_\_ Year: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**\*Applicant must be at least 16 years of age and submit a completed application to our membership committee prior to January 1<sup>st</sup> of junior year.**

\* \* \* \* \*

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#: \_\_\_\_\_

**You are required to complete the American Heart Association CPR and First Aid courses for the Healthcare Provider 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: \_\_\_\_\_

\_\_\_\_\_  
—

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

\_\_\_\_\_  
—

(2)

What extracurricular activities are you currently participating in? \_\_\_\_\_

—

What are your hobbies or personal interests? \_\_\_\_\_

—

What are your goals for the future? \_\_\_\_\_

—

Briefly explain why you chose to apply for membership in the Junior Corps: \_\_\_\_\_

—

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

—

**REFERENCES:** List one person we may contact other than a family member:

1. \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

List two teachers (or one teacher and a guidance counselor) we may contact:

1. \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Phone #: \_\_\_\_\_

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

- A minimum of 24 riding hours per month.
- All riding members must attend Tuesday night meetings and training drills @ 7:30pm in accordance with the by-laws of the Lewisboro Volunteer Ambulance Corps.
- 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 certifications in American Heart Association CPR and First Aid for the Healthcare Provider.

**Please return to:** Lewisboro Volunteer Ambulance Corps  
P.O. Box 41  
South Salem, NY 10590  
Attention: Membership Committee

**Any Questions?** Please call the Captain's Line at: 763-9633

**OR**

E-mail us at: [Lewisborovac@aol.com](mailto:Lewisborovac@aol.com)

Visit our website at: [www.Lewisborovac.org](http://www.Lewisborovac.org)

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