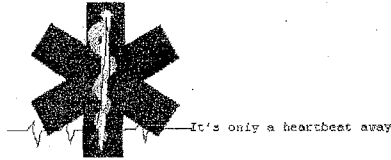


Smithfield Eaton Volunteer Ambulance Corporation

PO Box 1030

Morrisville, New York 13408



Application for Membership

Name _____ Home Phone _____

Street _____ Cell Phone _____

City _____ State _____ Zip Code _____

DOB _____ Age _____

Drivers License # _____ State _____

Emergency Contact _____ Relationship _____

Phone _____

Type of membership requested:

Crew _____ Driver Only _____ Student _____ General _____

Are you able to lift 50 pounds? If no, please explain

Please check level of current certification:

First Responder _____ EMT _____ EMT Intermediate _____ AEMTCC _____

AEMTP _____

Certification # _____ Expiration Date _____

CPR Certified? Yes _____ No _____ Expiration Date _____

PLEASE PROVIDE COPIES OF CERTIFICATIONS AND CPR CARD

Please Circle the hours you can volunteer at SEVAC

Weekdays 6am-12noon 12noon-6pm 6pm-12pm

Weekends 6am-12noon 12noon- 6pm 6pm-12pm

If accepted in the Smithfield Eaton Volunteer Ambulance Corp., I will agree to abide by their bylaws and constitution and I further agree to:

1. Serve at least 12 hours a month for crew duty
2. Do my duty hours at the Corps. Headquarters
3. Conduct myself in a manner which will not cast adverse reflections on the ambulance corps.
4. Keep all ambulance corps and patient information in strict confidence
5. Refrain from all alcoholic beverages for a minimum of six hours prior to and during my assigned shift

I authorize the Smithfield Eaton Volunteer Ambulance Corp. or it's designee to investigate my background, including but not limited to my driving record.

Signature _____ Date _____

SEVAC bylaws require this application to be signed by two SEVAC members

Sponser#1 _____

Sponser#2 _____

Please list two references

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____

Received _____

Contacted _____

Interviewed _____

Training complete _____

Probation complete _____

Driver training complete _____