

# Mohegan Volunteer Fire Department Volunteer Ambulance Corps



## MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Name:			
Date of birth:	SSN:		
Current address:			Yrs at Address:
City:	State:	ZIP Code:	
Email Address:	Phone:	Alt Phone:	

### EMPLOYMENT INFORMATION

Current employer:		Contact Person:
Employer address:		How long?
City:	State:	ZIP Code:
Phone:	E-mail:	Position:

### EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

### DRIVERS SECTION

Driver's License Number:		
Expiration Date:	State:	Restrictions:
Have you been involved in any motor vehicle collision, moving violation or incident within the past 3 years :    Yes    No		
Has your driver's license been suspended or revoked within the past 5 years?    Yes    No		

### CLEARANCE

Do you have any physical or psychological limitations that might impair your ability to perform the necessary duties of this position:    Yes    No	
Have you ever been convicted of a misdemeanor or felony:    Yes    No	
Are there any charges pending against you in any court:    Yes    No	

### EDUCATION/TRAINING INFORMATION

Highest Level of education:
Training Certificates currently held:
Volunteer Organizational Experience:

### SIGNATURES

#### PLEASE READ BELOW AND HAVE THIS DOCUMENT NOTIIRZED AND SIGNED BEFORE SUBMISSION

I have truthfully completed this application and have answered all of the questions accurately and to the best of my ability. I acknowledge and grant permission for the Lake Mohegan Volunteer Ambulance Corps. and any law enforcement agency that they deem appropriate, to conduct a background check, including but not limited to, verification of the information contained in this application, solely for the purpose of determining my suitability for affiliation with this organization. The member agrees to abide by the Constitution and By Laws of the Organization and any amendments therein.

Be advised that, after submitting this application you will be contacted by a member of the membership committee if the background check clears. Membership will begin with a probationary period of two years. We reserve the right to determine your membership status based on the outcome of the background check.

Signature of applicant:	Date:
Signature of Notary:	Date: