



# Teaneck Volunteer Ambulance Corps

P.O. Box 32 / 855 Windsor Road

Teaneck, NJ 07666

[www.TeaneckVAC.org](http://www.TeaneckVAC.org)

## Application for Membership

Personal Information

Name: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Number and Street) Month Day Year

\_\_\_\_\_ Age: \_\_\_\_\_  
(City, State and Zip Code)

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Previous Addresses Held Within the Past 5 Years:

\_\_\_\_\_  
\_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

List all accidents and/or violations within the past 5 years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? (circle one) **No** **Yes** – Date: \_\_\_\_\_

If yes → Location: \_\_\_\_\_ Description: \_\_\_\_\_

Have you ever been refused bond? (circle one) **No** **Yes** – Date: \_\_\_\_\_

Professional Information

Employer/School: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Name of Supervisor at work/school  
(Number and Street) to be contacted for a reference: \_\_\_\_\_

\_\_\_\_\_ Reference Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(City, State and Zip Code)

Highest Level of Education Completed: (check one) Have you ever been part of a paid or volunteer  
Public Safety Agency? (circle one) **N** **Y**

Some High School Agency: \_\_\_\_\_

High School Type: \_\_\_\_\_

Some College Dates: \_\_\_\_\_

Associates Degree

Bachelors Degree

Masters Degree Have you ever served in the military? **N** **Y**

Doctorate Degree Nation: \_\_\_\_\_ Branch: \_\_\_\_\_

Dates: \_\_\_\_\_

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## Certifications

Please circle **No** or **Yes** for each of the following certifications, and attach copies of current cards.

- CPR:            **N**    **Y**    → If yes, circle: **AHA** or **ARC**    Type: \_\_\_\_\_ Exp. \_\_\_\_\_
- EMT:            **N**    **Y**    → If yes, indicate state: \_\_\_\_\_ Type: **B**   **I**   **P**    Exp. \_\_\_\_\_
- PHTLS           **N**    **Y**    → If yes, indicate date: \_\_\_\_\_
- BTLS            **N**    **Y**    → If yes, indicate date: \_\_\_\_\_
- Haz-Mat        **N**    **Y**    → If yes, indicate date: \_\_\_\_\_
- ICS              **N**    **Y**    → If yes, indicate date: \_\_\_\_\_
- Other:           \_\_\_\_\_

## Availability

Please indicate the time periods in which you are available to ride – **1<sup>st</sup>** choice, **2<sup>nd</sup>** choice and **3<sup>rd</sup>** choice. Black out any time periods in which you are unavailable. If you are unsure of your availability, leave this section blank and discuss it personally with us.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7am-11am							
11am-3pm							
3pm-7pm							
7pm-11pm							
11pm-7am							

## References

Please list the names, addresses and phone numbers of three people (of no relation to you) who will vouch for your good character. **DO NOT list relatives.**

	Name	Address	Phone
1.			
2.			
3.			

## Statement

In the space below, please write a brief sentence or two explaining why you wish to join TVAC.

I certify that the above information is true and complete to the best of my knowledge. I agree that if I become a member, I will abide by the rules and regulations of the NJ Department of Health and the Teaneck Volunteer Ambulance Corps. I also accept that failure to complete basic TVAC requirements while accepting NJ Training Funds may result in my action being reported to the NJ Department of Health.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:** Date Received \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Received By \_\_\_\_\_