

Closter Volunteer Ambulance and Rescue corps, Inc.

Serving Closter & Alpine since 1936

Membership Application

Name _____ S.S. # _____ Date _____

Address _____

Telephone No. _____ Drivers Lic. No. _____

Birth date _____

E Mail Address (please print) _____

How long have you lived or worked in Closter, Alpine or bordering town _____

Present employer _____ Work hours _____

Number of years employed at present job _____

Have you belonged to an ambulance corps? (If so give details)

Have you ever had any first aid training? (If so, give name of courses, where taken, and expiration dates of certification cards)

What schools have you or are currently attending? Include technical schools if applicable.

During what hours of the day and what days of the week would you be available for ambulance duty and Corps activities? _____

If accepted to membership under this application, I agree to comply with all orders, rules and regulations of the Corps. The answers to the above are true to the best of my knowledge and belief and I understand that any false statement on this application is sufficient cause for rejection or dismissal.

Signature _____

Date applicant met with membership committee _____

Signature of Committee representative _____

Date applicant admitted to Corps. _____

TO BE COMPLETED BY PHYSICIAN

Past History

Heart _____ Rupture _____ Fainting spells _____

Tuberculosis _____ Kidneys _____

Habits: Alcohol _____ Drugs _____

Other Unusual Medical History _____

Physical Findings

Height _____ Weight _____

Hernia _____ Vision _____

Hearing _____ Throat _____

Nose _____ Neck _____

Lungs _____ Abdomen _____

Heart _____ Blood pressure _____ / _____

Extremities _____

Recommendations _____

Hepatitis B Vaccination Record if applicable:

Dose Vaccination Date:

#1 _____

#2 _____

#3 _____

IS THERE ANY REASON WHY YOU FEEL THIS APPLICANT WOULD NOT BE ABLE TO TO SERVE AS A FULL ACTIVE MEMBER OF THE CLOSTER VOLUNTEER AMBULANCE AND RESCUE CORPS . _____

Signed _____

(Physician)

Address _____

Date _____