



**IRVINGTON VOLUNTEER AMBULANCE CORPS, INC.**

**P.O. Box 101**

**Irvington, New York 10533**



**APPLICATION FOR MEMBERSHIP**

**NAME:** \_\_\_\_\_ **Date :** \_\_\_\_\_

**OCCUPATION** \_\_\_\_\_

**PREVIOUS FIRST AID/MEDICAL TRAINING** \_\_\_\_\_

**I PREFER TO BE ASSIGNED DURING DAY SHIFTS (7AM-7PM)** \_\_\_\_\_

**I PREFER TO BE ASSIGNED DURING NIGHT SHIFTS (7PM-7AM)** \_\_\_\_\_

**I PREFER WEEKEND SHIFTS** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**I agree that if accepted as a volunteer, I will obey all rules and regulations of the  
IRVINGTON VOLUNTEER AMBULANCE CORPS, INC.,  
now in effect or hereafter adopted by the members**

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**ADDRESS:** \_\_\_\_\_

**DOB** \_\_\_\_\_ **SEX** \_\_\_M\_\_\_F

**SOCIAL SECURITY #** \_\_\_\_\_

**BUSINESS ADDRESS** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **BUS. PHONE:** \_\_\_\_\_

**PARENT OR GUARDIAN NAME (FOR STUDENT APPLICANT'S ONLY)**

\_\_\_\_\_

**DRIVER'S LICENSE? : YES** \_\_\_\_\_ **NO** \_\_\_\_\_

<b>Membership Committee Approval:</b> _____ <b>Yes</b> _____ <b>No</b> _____ <b>Date:</b> _____  <b>Date Posted</b> _____
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