

POUND RIDGE LIONS VOLUNTEER AMBULANCE CORPS

P .O. BOX 237

POUND RIDGE, NY 10576-0237

914-764-4545

MEMBERSHIP APPLICATION

DATE \_\_\_\_\_

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TEL \_\_\_\_\_ BUSINESS TEL \_\_\_\_\_ CELL TEL \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ E-Mail \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

EMT# (If Appl.) \_\_\_\_\_ EXP DATE \_\_\_\_\_ (attach copy)

CFR # (IF Appl.) \_\_\_\_\_ EXP DATE \_\_\_\_\_ (attach copy)

CPR CERTIFICATION (If Appl). \_\_\_\_\_ EXP DATE \_\_\_\_\_ (attach copy)

NYS MOTORIST ID \_\_\_\_\_ (attach copy) EXP DATE \_\_\_\_\_

# OF MOVING VIOLATIONS IN PAST 3 YEARS (please list) \_\_\_\_\_

# OF ACCIDENTS IN PAST 3 YEARS (please list) \_\_\_\_\_

SPECIAL TALENTS USEFUL TO AMBULANCE CORPS \_\_\_\_\_

DATE OF LAST PHYSICAL \_\_\_\_\_

DATE OF IMMUNIZATIONS: HEPATITIS \_\_\_\_\_ TB \_\_\_\_\_ FLU \_\_\_\_\_

APPLICATION: I, \_\_\_\_\_, HEREBY APPLY FOR MEMBERSHIP IN THE POUND RIDGE LIONS VOLUNTEER AMBULANCE CORPS; I SHALL HOLD ALL INFORMATION RELATING TO THE CORPS, PERSONNEL, AND PATIENTS CONFIDENTIAL. I AUTHORIZE VERIFICATION OF APPLICATION INFORMATION I HAVE SUBMITTED ABOVE. I UNDERSTAND THAT ALL EQUIPMENT LOANED TO ME MUST BE RETURNED UPON MY TERMINATING MEMBERSHIP IN PRLVAC.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF INTERVIEW WITH MEMBERSHIP COMMITTEE \_\_\_\_\_

RECOMMENDATION OF MEMBERSHIP COMMITTEE:  yes  no

DATE PRESENTED TO MEMBERSHIP \_\_\_\_\_

DATE ACCEPTED INTO PRLVAC \_\_\_\_\_

ASSIGNED ID \_\_\_\_\_

# Pound Ridge Lions Volunteer Ambulance Corps

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to the Pound Ridge Lions Volunteer Ambulance Corps, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of all medical, and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners; the U.S Veterans Administration, Navy, Army, Air Force, Marines, Coast Guard, Military Reserves; Federal Tax Bureaus, Welfare and Unemployment Services, employment and pre-employment records including background reports, efficiency ratings, complaints, grievances filed by or against me and any and all records of a civil or criminal nature in which I presently have, or have had an interest.

I also certify that any person(s) who may furnish such information concerning me shall not be held liable for giving this information; and I do hereby release said persons from any and all liability which may be incurred as a result of furnishing such information. I further release the Pound Ridge Lions Volunteer Ambulance Corps from any and all liability, which may be incurred as a result of collecting such information.

A PHOTOCOPY OF THIS RELEASE WILL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH THE SAID PHOTCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS "Authorization for Release of Personal Information"

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Signature of Applicant

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Date