

**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 \_\_\_\_\_

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 application is requested \_\_\_\_\_

Date applicant met with membership committee \_\_\_\_\_

Signature of Committee representative \_\_\_\_\_

Date applicant admitted to Corps. \_\_\_\_\_