



Putnam Valley Volunteer Ambulance Corp.

Post Office Box 141 Putnam Valley, New York 10579-0141

Emergency **911** / Non-Emergency (845) 526-3119 / Fax (845) 526-6561

[HTTP://WWW.PUTNAMVALLEYAMBULANCE.ORG](http://www.putnamvalleyambulance.org)

Associate Member Application

Frequently Asked Questions:

How do you join as an Associate Member?

Fill out an application and mail it to the below address. Meetings are held at the Ambulance headquarters at 7:30pm on the fourth Wednesday of every month, except in November and December when it is held on the second Wednesday.

What happens then?

Someone from the Membership Committee will contact you for a meeting.

Do you need training?

We do not ask that you have any, but if you would like we do offer First Aid, and CPR and other training in which you can participate in.

Any specific duties?

There are no specific duties that are required of you, we just ask that you come and help out at as many events and general meetings as you can. The only requirement is doing a combination of these things to stay active.

When do you become an Associate Member?

Once the committee has reviewed your application, it is proposed to the rest of the membership for a vote, once that is done you will be advised of your status.



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Personal Information (please print):

First Name: _____ Last Name: _____

Date of Birth: _____

Address: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Email: _____

Additional Email: _____

Emergency Contact Information:

Name: _____

Phone Number: _____

Relation: _____

Employer Information:

Name of Company: _____

Name of Supervisor: _____

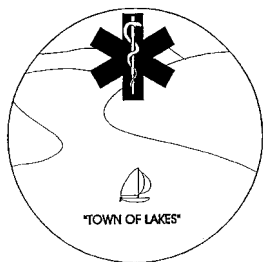
Phone Number: _____

Address: _____

Medical Information:

Are you presently under the physician's care for, taking any medications for, or do you have any physical condition that should be known in case of an emergency?

If so, please explain:



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Have you been arrested for and/or convicted of any crime(s)? Yes No

Please list 3 non-personal references who can be contacted:

Name: _____

Address: _____

Phone Number: _____

Relation: _____

Name: _____

Address: _____

Phone Number: _____

Relation: _____

Name: _____

Address: _____

Phone Number: _____

Relation: _____

Are you a member or have ever been a member of any other fire department or ambulance corps?

Please list agency name, number and an officer's name and title.



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Are you acquainted with any present or past member of the Putnam Valley Volunteer Ambulance Corps?

If so, who?

By signing below the applicant certifies that this information is factual to the best of his/her knowledge. Information on this form will be considered confidential and will not be divulged to anyone outside the corps. However, the Corps reserves the right to verify the information provided and to contact the references supplied by the applicant. If there is any condition or issue in the experience of the applicant that might adversely affect this application, the applicant should note that on this application and/or discuss it with the membership committee contact.

Signature of Applicant: _____

Date: _____

Please mail to:

Putnam Valley Volunteer Ambulance Corps

Attn: Membership Committee

P.O. Box 141

Putnam Valley, NY 10579

Meetings are held once the Membership committee has gone through the process of reviewing your application and you will be advised when to come and be officially interviewed then be presented to the Corps. as an Associate Member.