



**DUANESBURG VOLUNTEER
AMBULANCE CORPS, INC.**

Post Office Box 130, 130 Cole Road
Delanson, NY 12053
(518) 895-2200
Fax (518) 895-2800

SERVING OUR NEIGHBORS 24 HOURS A DAY

Application for Junior Membership

Please complete and return application with membership dues of \$5.00

Last Name _____ **First Name** _____ **Middle Initial** _____

Mailing Address _____

Street Address _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

NYS Drivers License # _____ **Date of Birth (mm/dd/yy)** _____

E-Mail _____

Desired Membership Status (*circle*) Medical Support Medical Support

Do you have a current CPR card? __Yes __No **Expiration Date:** _____

NYS EMT/CFR: EMT/CFR # _____ Expiration Date _____

Certified First Responder Basic

Legal Guardian Emergency Contact Info _____

Other Medical Qualifications _____

Reason for wanting to join DVAC: _____

Distance from Home to DVAC: _____ Miles _____ Minutes

Please circle the time you would be available for Ambulance Duty (EMT/Assistant/Driver)

00:00-06:00

06:00-12:00

12:00-18:00

18:00-00:00

Weekdays: Monday Tuesday Wednesday Thursday Friday

Weekends: Saturday Sunday

Have you ever been arrested? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a DWI or DWAI? Yes No

If yes please list date: _____

Membership Sponsor: _____

Reference Name: _____ **Phone #:** _____

Reference Name: _____ **Phone #:** _____

Signature of Applicant: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

INTERNAL USE ONLY:

Date Application Read at Membership or Annual Meeting _____

Drivers License Check Done by: _____ Date: _____

Three Month Probationary Period: Begin: _____ End: _____

Membership Vote Date: _____
