

The logo of Carmel Volunteer Ambulance Corp. is a shield-shaped emblem. At the top, the word "CARMEL" is written in an arc. The center features a figure holding a caduceus (a staff with two snakes and wings). Below the figure, the words "VOLUNTEER" and "AMBULANCE" are written in an arc. At the bottom, the word "CORP." is written in an arc.

Membership

Application

Welcome to the Carmel Volunteer Ambulance Corp. You are about to apply for membership in the exciting field of Emergency Medical Services. Carmel Volunteer Ambulance Corp. provides these services to the Town of Carmel and the surrounding Towns in Putnam County. We are a not-for-Profit, Volunteer organization. We do not discriminate against anyone or any group of people. We encourage anyone with a desire to help serve those in need to apply for membership. Turn the page to take your first step towards becoming a Public Servant!

Membership Application

Date: _____

1. Personal information:

First Name	MI	Last Name		
Street Address (PO Box not accepted)		City	State	Zip
Social Security Number		Date of Birth		
NYS Drivers License Number		Date of Expiration		
Phone	Cell phone		E-Mail	

2. Mailing Address (if different than legal address)

Street Address (PO Box accepted)	City	State	Zip
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3. Circle the appropriate box to the right of each question:

Have you ever been dismissed or discharged from any employment for reasons other than lack of work funds?	Yes	No
Have you ever resigned from any employment rather than face dismissal?	Yes	No
Have you ever been convicted of any crime (felony or misdemeanor)?	Yes	No
Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?	Yes	No
Are there any arrests or criminal accusations currently pending against you?	Yes	No

If you answered "YES" to any question(s) above, please use the space below to give specifics. If you elect not to provide an explanation, you may be disqualified, or if such explanation is insufficient, you may be required to submit further information. Attach additional 8 ½ x 11 sheets if needed.

4. Education:

High School	Yr. Graduated
College	Yr. Graduated
Type of Degree	Program
Other educational resources	

5. Employment- List current employment first, followed by previous employers.

Name of firm	Contact Person	Dates of employment
Name of firm	Contact Person	Dates of employment
Name of firm	Contact Person	Dates of employment

6. Personal references- name, address and contact number (no relatives)

1.
2.
3.

7. EMS Training- List any NYS Course and/or certifications- Dates of expiration

List any other EMS/Fire/Rescue training:

8. Membership in other organizations and locations- include Chief or Captain's name

Organization	Location	Contact Person

I hereby apply for membership in the Carmel Volunteer Ambulance Corp. I certify by my signature that the information I provided is true and complete. I further agree to uphold the Bylaws and Standard Operation Procedures of the organization and will abide by its rules. I agree to properly maintain any property entrusted to me and to return all Corp. Property in good condition promptly when directed to upon my resignation/cessation of membership.

Applicant Signature

Date

Sponsoring Member Signature

Date

Date applicant interviewed by committee _____
Date of probationary member vote _____
Date of permanent member vote _____

Recommendation _____
Approved _____ Denied _____
Approved _____ Denied _____

Waiver

Applicant: _____ Date of Birth: _____

Address: _____

I hereby waive any and all rights I may have under the laws of the United States, the State of New York and any other jurisdiction concerning access to documents and information developed by any lawful agency _____. I hereby authorize the above named department by this sworn waiver to communicate to the Carmel Volunteer Ambulance Corp. any information regarding any past arrests or investigations relative to me.

Furthermore, this waiver includes authorization for members of the above department, employers, landlords, friends, references, or other persons of firms to furnish opinions of my character and fitness for membership in this organization.

Applicant Signature

Date

Applicant Printed Name

Sworn before me this _____ day of _____ 20 _____

Notary Public

Authorization and Consent

I authorize members of Carmel Volunteer Ambulance Corp. Membership committee or their designated representatives to conduct whatever interviews or investigations, as they deem necessary to ascertain the suitability and fitness of my character for membership in the Carmel Volunteer Ambulance Corporation.

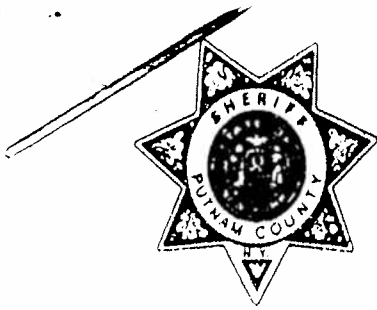
Applicant Signature

Date

Applicant Printed Name

Sworn before me this _____ day of _____ 20 _____

Notary Public



PUTNAM COUNTY OFFICE OF THE SHERIFF

THREE COUNTY CENTER
CARMEL, NEW YORK 10512



DONALD B. SMITH
Brigadier General, U.S. Army (Ret.)
SHERIFF

BUREAU OF CRIMINAL INVESTIGATION
(B.C.I.)
(845) 225 - 8060

Authorization/Request for Criminal Record/NYS Drivers Record from Non-Police Agency

All the following information must be completed

PLEASE PRINT CLEARLY

Date: _____

Name: _____ DOB: _____

Maiden Name/Other names used: _____

Address: _____
Street # / PO Box City State Zip

Height: _____ Eye Color: _____ MALE OR FEMALE

NEW YORK STATE DRIVER'S LICENSE ID # _____

AUTHORIZATION FOR RELEASE OF CRIMINAL RECORD

I hereby authorize and request the Sheriff of Putnam County to furnish and release any records of the Putnam County Sheriff's Department and Correctional Facility to the agency listed below:

Signature of applicant

Date

Reason Record Check Required: _____

Agency Requesting Record: _____

Address: _____

Signature of Person Requesting Record: _____



GENERAL CONSENT FOR RELEASE OF PERSONAL INFORMATION

Background

The federal Driver's Privacy Protection Act (DPPA) designates certain information in motor vehicle records as *Personal Information*. Personal information includes a motorist's photograph, social security number, date of birth, driver license number, non-driver ID number, name, address (except for 5-digit zip code), telephone number, and medical or disability information. Public information includes reportable accidents, driving convictions, driver status and vehicle information. Most motor vehicle records contain personal and public information. Please note, if we are authorized to release personal information, we will not release social security number, phone number, photograph, medical or disability information.

The DPPA also limits the reasons (*permissible uses*) for which the Department of Motor Vehicles may release records containing personal information. A copy of the DPPA, and the permissible uses in New York State, are printed on form MV-15DPPA.

Some requesters may request a copy of a record only if they have permission from the person named in the record. This form provides evidence (*signed authorization*) of that permission.

Instructions for Motorists

The motorist is the person named in a motor vehicle record. The record requester is the person requesting information about the motorist. To complete this form, print your name in the blank marked *Motorist*. Print the record requester's name in the blank marked *Record Requester*. Then visit a notary public. In the presence of the notary, sign on the line marked *Motorist's Signature*, then give this form to the notary to notarize.

After it is notarized, give this form to the record requester.

Instructions for Record Requesters

You may request someone else's motor vehicle record containing personal information only if you have a permissible use as defined in the DPPA. You may face criminal penalties and civil liabilities if you request a record for which you do not have a permissible use. Having the motorist's permission is a permissible use. This form, properly completed and notarized, is evidence of the motorist's permission.

Keep a copy of this form for five years after you receive the record you requested.

I, _____, authorize the New York State Department of Motor Vehicles
(Motorist)
to disclose or otherwise make available to Marshall and Sterling Inc. personal information about
(Record Requester)
me obtained by the Department in connection with a motor vehicle record.

Motorist's Signature

STATE OF _____

SS:

COUNTY OF _____

On this _____ day of _____, _____ before me personally appeared
(month) (year)

_____, to me known and who by me being duly sworn, acknowledged
(Motorist)

to be the person described in and who executed the foregoing consent and who acknowledged to me that he/she executed the same for the purpose therein stated.

Notary Public

Duncan-Viniello & Associates
P.O. Box 620
Mahopac, NY 10541

Authorization/Request for Motor Vehicle Record From a Non-Police Agency

All the following information must be completed. (Please Print)

Name: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Social Security Number: _____

Color: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Driver's License Number: _____

State: _____

Authorization for Release of Motor Vehicle Record

I hereby authorize and request Duncan- Viniello & Associates to furnish and release to the agency listed below, any past and/or present motor vehicle record they may have in their files pertaining to myself.

Signature: _____

Date: _____

Agency Requesting Record: Carmel Volunteer Ambulance Corporation
PO Box 508, 6 Garrett Place
Carmel, NY 10512-0508
Phone: (845)-225-7000
Fax: (845)-225-7166

Signature of Officer Requesting Record: _____

Title of Officer: _____ Date: _____



Carmel Volunteer Ambulance Corp
P.O. Box 508
Carmel, NY 10512

845-225-7000



www.carmelvac.net

Applicant Information

1. Please complete the following four attached forms.
 - Application for Membership
 - "Authorization/Request for Criminal Record"
 - "Authorization/Request for Motor Vehicle Record From A Non-Police Agency"
 - A release form allowing the insurance company to provide information for the above form
2. Sign and Date all forms.
3. Please provide a copy of your driver's license...as well as any other certification cards you have I.E. CPR, EMT etc.
4. For continuity of processing your application, You must mail the completed forms to:

Secretary, Carmel V.A.C.
PO Box 508
Carmel, NY 10512-0508
5. When the forms have been received (Criminal Record Check and Motor Vehicle Record Check), you will be contacted by someone from the Membership Committee to schedule and interview at the Ambulance Corp Building.

If you have any questions about these forms or requirements, please call the ambulance corp. at 225-7000, and leave a message with your name and phone number where you can be reached. **DO NOT** return this sheet; use it as a guide till the process is complete.

Thank you for expressing interest in joining our ambulance corp.