

REFERENCES:

Please list three (3) non-family references, including, at least, **ONE TEACHER** (past or present). If schoolteachers are used, please provide their school based information.

1.) Name: _____ Time Known: _____

Address: _____ Relationship: _____

_____ Phone: _____

2.) Name: _____ Time Known: _____

Address: _____ Relationship: _____

_____ Phone: _____

3.) Name: _____ Time Known: _____

Address: _____ Relationship: _____

_____ Phone: _____

MOTIVATION:

Briefly describe at least one of the reasons you are interested in joining the Newark-Arcadia Volunteer Ambulance.

BACKGROUND:

Please list any criminal convictions: _____

I am aware of no physical or mental conditions that will limit my functioning on an ambulance crew. I hereby state to the best of my knowledge and belief all of the above information to be true without omission and I authorize Newark-Arcadia Volunteer Ambulance, Inc. to check any and all of the above statements. I also understand that any willful falsification or omission from this application will subject me to immediate rejection or dismissal. It is further understood that this Application will be handled in accordance with the Civil Rights Act of 1964 and no discrimination will occur because of sex, race, creed, color, or sexual orientation.

Signed: _____ Date: _____

Parent Signature: _____



Junior Membership Parental Approval Form

Member Name: _____

Address:

Date of Birth: _____

Phone :

Guardian/Mother's Name: _____

Guardian/Father's Name: _____

I hereby give my son/daughter permission to join Newark-Arcadia Volunteer Ambulance Inc. (NAVA) as a Junior Member and participate in all Junior Membership Activities. I have reviewed the Junior Membership Handbook with my son/daughter and understand their role and responsibilities.

In the event of illness or injury to my son/daughter while involved at any NAVA activity, I consent to examination and treatment procedures considered necessary in the best judgment of the NAVA Crew Chief and attending physician and performed by or under the supervision of the medical staff of NAVA and the hospital furnishing care.

I understand and expressly accept all usual and reasonable risks of his/her serving as a trainee and member of an ambulance and rescue crew of NAVA and, as such, waive all claims against NAVA, its officers, members and agents, arising out of such duties, including those caused by negligence, excepting willful or grossly negligent acts or reckless disregard for bodily injury.

Parent/Guardian Signature:

Date:
