



Putnam Valley Volunteer Ambulance Corps Youth Corps Application



P.O. Box 141
Putnam Valley, NY 10579
845-526-3119

Applicant

Name: _____ Date of Birth: ___ / ___ / ___
Street Address: _____ Town: _____ Zip Code: _____
Mailing address if different than above: _____
Email Address: _____
Home Phone: _____ Cell Phone: _____
School: _____ Grade: _____

Parent/Guardian

Name: _____
Street Address: _____ Town: _____ Zip Code: _____
Mailing address if different than above: _____
Email Address: _____
Home Phone: _____ Cell Phone: _____

Emergency Contact (if parent/guardian listed above is not available)

Name: _____
Street Address: _____ Town: _____ Zip Code: _____
Mailing address if different than above: _____
Home Phone: _____ Cell Phone: _____

Personal Physician

Name: _____
Phone Number: _____
Do you have any allergies? If so, please list: _____
Do you require an epi pen for any allergies? _____ Do you require an inhaler? _____
Do you have any medical/physical conditions that you feel we should know about in case of an
Emergency? _____

Training

Are you currently certified in CPR? _____ Expiration Date: _____
Are you currently certified in First Aid? _____ Expiration Date: _____
(Please attach a copy of your certificates to this application)

References

Please list 2 people, unrelated to you, that would have knowledge of your character:

Reference #1:

Name: _____

Street Address: _____ Town: _____ Zip Code: _____

Mailing address if different than above: _____

Home Phone: _____ Cell Phone: _____

Reference #2:

Name: _____

Street Address: _____ Town: _____ Zip Code: _____

Mailing address if different than above: _____

Home Phone: _____ Cell Phone: _____

Are you acquainted with any current or former members of the Putnam Valley Volunteer Ambulance Corps? If so who? _____

Acknowledgement

By signing below, the applicant and parent/guardian acknowledge the information provided is correct. All information provided is confidential and will not be shared with anyone outside the Corps.

Applicant's Signature: _____ Date: ___/___/___

Parent/Guardian Signature: _____ Date: ___/___/___