



Teaneck Volunteer Ambulance Corps

P.O. Box 32 / 855 Windsor Road

Teaneck, NJ 07666

www.TeaneckVAC.org

Application for Membership

Personal Information

Name: _____ SS# _____ - _____ - _____

Mailing Address: _____ Date of Birth: _____ / _____ / _____
(Number and Street) Month Day Year

_____ Age: _____
(City, State and Zip Code)

Cell Phone: (_____) _____ - _____ Home Phone: (_____) _____ - _____

Email Address: _____ @ _____

Previous Addresses Held Within the Past 5 Years:

Driver's License #: _____ State: _____

List all accidents and/or violations within the past 5 years:

Have you ever been convicted of a crime? (circle one) **No** **Yes** – Date: _____

If yes → Location: _____ Description: _____

Have you ever been refused bond? (circle one) **No** **Yes** – Date: _____

Professional Information

Employer/School: _____

Occupation: _____ Phone Number: (_____) _____ - _____

Address: _____ Name of Supervisor at work/school
(Number and Street) to be contacted for a reference: _____

_____ Reference Phone: (_____) _____ - _____
(City, State and Zip Code)

Highest Level of Education Completed: (check one) Have you ever been part of a paid or volunteer
Public Safety Agency? (circle one) **N** **Y**

Some High School Agency: _____

High School Type: _____

Some College Dates: _____

Associates Degree

Bachelors Degree

Masters Degree Have you ever served in the military? **N** **Y**

Doctorate Degree Nation: _____ Branch: _____

Dates: _____

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Certifications

Please circle **No** or **Yes** for each of the following certifications, and attach copies of current cards.

- CPR: **N** **Y** → If yes, circle: **AHA** or **ARC** Type: _____ Exp. _____
- EMT: **N** **Y** → If yes, indicate state: _____ Type: **B** **I** **P** Exp. _____
- PHTLS **N** **Y** → If yes, indicate date: _____
- BTLS **N** **Y** → If yes, indicate date: _____
- Haz-Mat **N** **Y** → If yes, indicate date: _____
- ICS **N** **Y** → If yes, indicate date: _____
- Other: _____

Availability

Please indicate the time periods in which you are available to ride – **1st** choice, **2nd** choice and **3rd** choice. Black out any time periods in which you are unavailable. If you are unsure of your availability, leave this section blank and discuss it personally with us.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7am-11am							
11am-3pm							
3pm-7pm							
7pm-11pm							
11pm-7am							

References

Please list the names, addresses and phone numbers of three people (of no relation to you) who will vouch for your good character. **DO NOT list relatives.**

	Name	Email Address	Phone
1.			
2.			
3.			

Statement

In the space below, please write a brief sentence or two explaining why you wish to join TVAC.

I certify that the above information is true and complete to the best of my knowledge. I agree that if I become a member, I will abide by the rules and regulations of the NJ Department of Health and the Teaneck Volunteer Ambulance Corps. I also accept that failure to complete basic TVAC requirements while accepting NJ Training Funds may result in my action being reported to the NJ Department of Health.

Signature: _____ Date: _____

Office Use Only: Date Received ____ / ____ / ____ Received By _____