



Student Association Volunteer Ambulance Corps Membership Application

Contact Information	
Name:	Birth Date: / /
College Address:	College Phone:
Home Address:	Home Phone: ()
College Level: FR/SOPH/JR/SR/GRAD	Year of Graduation:

To Be Notified In Case of Emergency	
Name:	Relationship:
Address: _____	Home Phone:
_____	Work Phone:

Medical Training (NO Experience needed to join)	
Standard First Aid	Exp:
Advanced First Aid	Exp:
CPR:	Exp:
Water Safety	Exp:
Certified First Responder	#: _____ Exp:
Emergency Medical Tech.	#: _____ Exp:
Instructor (List courses)	
Other Training	

Driver's License Data (If Applicable)	
License #:	Issuing State:
Expirations Date:	
Convictions:	

Previous Emergency Services Experience
Are you a member of an ambulance or fire department? YES / NO
If Yes, where and for how long?:

Which Positions Are You Interested In Training For?	
Helper: _____	Dispatcher: _____
Driver: _____	Attendant (Must be a NYS EMT): _____

Medical History: (Strictly Confidential by New York State Law)	
Do you have a history of any of the following?	
Psychological Disorders	YES / NO
Emotional Disorders	YES / NO
Medical Conditions	YES / NO
Serious Illness	YES / NO
Diseases	YES / NO
Please describe anything you checked as YES: _____	
Will you agree to have a physical if required during your membership?	YES / NO

Criminal History	
Have you been convicted of any felonies or misdemeanors in the past seven (7) years?	YES / NO
If YES, please describe the conviction, the date of conviction, and the trial court: _____	

<p>I hereby certify that all information provided on this application is correct and accurate to the best of my knowledge and I am aware that any false statements made on this application, in addition to any blatant violations of the Rules and Regulations governing SAVAC, Student Association activities, the State University of New York College at Oswego, local, county, state, and federal laws while performing duties in the name of the Student Association Volunteer Ambulance Corps of Oswego is prohibited and could result in the suspension or expulsion from the corps as well as legal action.</p> <p>I also understand the privilege of patient confidentiality and understand that releasing any patient information to anyone other than certified authorities is punishable by federal law and could result in suspension or expulsion from the corps and possible judicial action.</p> <p>I also understand that SAVAC is entitled to run a background check on me with any and all agencies it deems necessary.</p>	
<p>_____</p> <p>Signature of Applicant</p>	<p>___/___/___</p> <p>Date of Application</p>