



**DUANESBURG VOLUNTEER  
AMBULANCE CORPS, INC.**

Post Office Box 130, 130 Cole Road  
Delanson, NY 12053  
(518) 895-2200  
Fax (518) 895-2800

**SERVING OUR NEIGHBORS 24 HOURS A DAY**

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**Application for Membership**

*Please complete and return application with membership dues of \$5.00*

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**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**NYS Drivers License #** \_\_\_\_\_ **Date of Birth (mm/dd/yy)** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

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**Desired Membership Status** *(circle)*      Medical      Support      Medical Support

**Do you have a CPR card?** \_\_Yes \_\_No      **Expiration Date:** \_\_\_\_\_

**NYS EMT:**     Basic     Intermediate      **EMT #** \_\_\_\_\_

Critical Care Tech     Paramedic      **Expiration Date** \_\_\_\_\_

**Driving Courses** \_\_\_\_\_

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**Other Medical Qualifications** \_\_\_\_\_

**Reason for wanting to join DVAC:** \_\_\_\_\_

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**Distance from Home to DVAC:** \_\_\_\_\_ Miles \_\_\_\_\_ Minutes

**Please circle the time you would be available for Ambulance Duty (EMT/Assistant/Driver)**

00:00-06:00

06:00-12:00

12:00-18:00

18:00-00:00

**Weekdays:** Monday Tuesday Wednesday Thursday Friday

**Weekends:** Saturday Sunday

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**Have you ever been arrested?** Yes No

**Have you ever been convicted of a felony?** Yes No

**Have you ever been convicted of a DWI or DWAI?** Yes No

**If yes please list date:** \_\_\_\_\_

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**Membership Sponsor:** \_\_\_\_\_

**Reference Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Reference Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**INTERNAL USE ONLY:**

Date Application Read at Membership or Annual Meeting \_\_\_\_\_

Drivers License Check Done by: \_\_\_\_\_ Date: \_\_\_\_\_

Three Month Probationary Period: Begin: \_\_\_\_\_ End: \_\_\_\_\_

Membership Vote Date: \_\_\_\_\_

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