



# Mohegan Volunteer Ambulance Corps Youth Corps

## APPLICATION FOR YOUTH CORPS MEMBERSHIP

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Current School \_\_\_\_\_

Guidance Counselor \_\_\_\_\_

Training information: (if applicable e.g. First Aid, CPR, NYS CFR)

Certificate	Certificate Number (if applicable)	Expiration Date



Mohegan Volunteer Fire Association  
Volunteer Ambulance Corps  
1975 E. Main St.  
Mohegan Lake, NY



Name of Employer \_\_\_\_\_  
Leave section blank if not applicable

Address \_\_\_\_\_  
\_\_\_\_\_

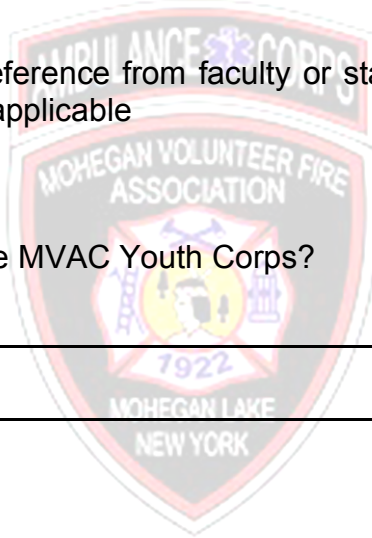
Length of employment \_\_\_\_\_

Please include with your application, the following:

- Two (2) letters of reference from faculty or staff from your current school or your employer if applicable

How did you hear about the MVAC Youth Corps?

\_\_\_\_\_  
\_\_\_\_\_



**You may mail this application to:**

Mohegan Volunteer Ambulance Corps  
Attn: Youth Corps  
P.O. Box 517  
Mohegan Lake, NY 10547

**Alternatively, you may stop by Mohegan headquarters and place your application in the appropriate box in the vestibule.**



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**Please place your application in a sealed envelope.  
Please sign the declaration below:**

I have truthfully completed this application and have answered all of the questions accurately and to the best of my ability. I understand the duties and responsibilities of the MVAC Youth Corps. I understand that any misrepresentation of facts on this application constitutes grounds for rejection or dismissal. I agree to submit to a physical examination by a physician if such should be requested. I authorize MVAC Youth Corps to verify the information in this application. If accepted, I agree to serve honorably, faithfully, and promptly in pursuit of my duties. I agree to abide by all laws, rules, and regulations involving the operation of the ambulances and membership in the Mohegan Volunteer Ambulance Corps Youth Corp (MVAC-YC).

Be advised that, after submitting this application you will be contacted by a Youth Corps Advisor for an interview. Membership will begin with a probationary period of one year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parental Consent Form Required**



**DO NOT WRITE BELOW**-----

Date and initial the following:

Application Received \_\_\_\_\_ Parental Consent Received \_\_\_\_\_

Called \_\_\_\_\_ Interviewed \_\_\_\_\_ Accepted \_\_\_\_\_

Declined \_\_\_\_\_



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## PARENTAL CONSENT FORM

Name of Applicant \_\_\_\_\_

I, \_\_\_\_\_, am the legal guardian of the above named minor applying to the Mohegan Volunteer Ambulance Corps Youth Corps (MVAC-YC). I give my consent for my son/daughter to apply and participate in the activities of the MVAC Youth Corps and perform the duties associated with those activities. I certify, to the best of my knowledge, that my son/daughter is medically capable of performing the activities associated with the MVAC Youth Corps, as stated in the *MVAC Youth Corps Bylaws*. For the sole purpose of determining my son/daughter's suitability for affiliation with this organization, I grant permission to the MVFA-VAC and any law enforcement agency that they deem appropriate, to conduct a background check, including but not limited to verification of the information contained in this application. I understand that there may be some physical and mental requirements for rendering emergency medical care as a member of the ambulance corps. I understand that at all times there will be adult supervision of all activities. As parent/guardian I may decide to limit this applicant's activities at any time.

Signature of Parent/Guardian \_\_\_\_\_

### **This Form Must Be Notarized**

NOTARY
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