



BRAVO VOLUNTEER AMBULANCE SERVICE BRAVO YOUTH SQUAD APPLICATION

8507 7TH AVENUE, BROOKLYN, NY 11228 (718) 680-4625

MEMBERSHIP WEB APPLICATION INFORMATION					
TODAY'S DATE			LAST 4 DIGITS OF SOCIAL SECURITY NUMBER		
PERSONAL INFORMATION					
FIRST NAME			LAST NAME		
HOME ADDRESS		APT	CITY	ST	ZIP
HOME PHONE NUMBER			CELL PHONE NUMBER		
EMAIL ADDRESS					
BIRTHDAY			HIGH SCHOOL ATTENDED		
EMERGENCY CONTACT INFORMATION					
NAME OF CONTACT			RELATIONSHIP		
PHONE NUMBER			ALTERNATE PHONE NUMBER		
APPLICANT					
<p>Once accepted, I will make a sincere effort to be prompt in attending all meeting and activities of the BRAVO Volunteer Ambulance Service Youth Squad. I acknowledge that I must submit working papers within 3 months of this application. Should I fail to fulfill any of the requirements of the BRAVO Youth Squad, I risk having my membership terminated.</p>					
APPLICANT SIGNATURE				DATE	
PARENT OR LEGAL GUARDIAN					
<p>I hereby acknowledge and give permission for the applicant listed above, to enroll in the BRAVO Volunteer Ambulance Service Youth Squad. I understand that membership does not make him/her liable to serve in the BRAVO Senior Squad. I will give my cooperation to this organization by urging him/her to attend meetings, activities, and classes punctually and regularly.</p> <p>I also agree to grant permission for the use of photographs and biographical material for publicity and promotion of the BRAVO Organization.</p>					
PARENT OR LEGAL GUARDIAN SIGNATURE				DATE	
OFFICAL USE BELOW THIS LINE					
INTERVIEWED BY				DATE	
ACCEPTED & DATE	<input type="checkbox"/>	DENIED & DATE	<input type="checkbox"/>	PENDING & DATE	<input type="checkbox"/>
ENTERED INTO DATABASE & DATE	<input type="checkbox"/>	ENTERED INTO EMAIL LISTING & DATE	<input type="checkbox"/>		

