



Ridgefield Park Ambulance Corps

48 Main Street ~ Ridgefield Park ~ New Jersey ~ 07660 ~ 201-641-4770

www.ridgefieldpark.org

Waiver and Consent

To: Any Enforcement Agency

Re: Ridgefield Park Volunteer Ambulance Corps (RPVAC)

I am an applicant at RPVAC. I recognize that I may be called upon to operate a motor vehicle of/for RPVAC and that I will require a valid driver's license in order to do so.

I also recognize that if I am accepted for membership I will be involved in the answering of emergencies. The attainment of such a position requires that an applicant be trustworthy and have high integrity, and be physically fit.

Therefore, I realize it is necessary for the Corps to request a Police check of my records, both as to the operation of a motor vehicle and as to any other record I may have with law enforcement agencies in this State, or any other State, or the Federal Government. I also understand that I must be fingerprinted by the Ridgefield Park Police.

I, hereby, give permission to the Ridgefield Park Police Department, with regards to a check on my records and consent that a search of any report as to any records of law enforcement authorities regarding me be made.

(Signed) _____

(Date) _____

Please Print:

Full Name: _____

Address: _____

Date of Birth: _____

Social Security #: _____

Drivers License #: _____

State: _____

Expiration Date: _____

RPPD ~ Has applicant lied on any portion of this application € YES € NO

If yes, explanation _____ **Signature** _____