

Application for Membership
Smithfield Eaton Volunteer Ambulance Corps
PO Box 125
Morrisville, NY 13408

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Pager: _____ E-Mail _____

Tell us about yourself:

Are you 18 or older? _____ Date of Birth: _____
(For purposes of background check only)

Health Record: Do you have any medical conditions that would prohibit you from performing all duties outlined in the EMT job description? (Description is attached to this application)

If yes, please explain: _____

Medical Training: Please check all that apply.

| | | |
|-------------------------|------------------|------------------|
| Level of Certification: | Certification #: | Expiration Date: |
| CFR: _____ | | |
| EMT-B: _____ | | |
| EMT-I: _____ | | |
| AEMT-CC: _____ | | |
| AEMT-P: _____ | | |
| CPR/AED CERT: _____ | EXP _____ | |

Please list any other certifications/degrees that you feel would be beneficial to SEVAC. (PALS, ACLS, PHTLS, Nursing or Medical degrees etc.)

Type of Membership Requested:

____ Crew ____ Driver ____ Medical Personnel ____ Student

PLEASE INCLUDE COPIES OF ALL CURRENT CERTIFICATIONS WITH YOUR APPLICATION. CPR is required of all SEVAC members.

Have you ever been a member of an Ambulance Corps, Fire Department, or other Emergency Medical Services Unit? Yes _____ No _____

If yes, please list names, addresses, Chief/Director's name, dates of your membership, a contact number and reason for leaving if no longer a member.

Have you ever had your membership revoked from an organization or your certifications suspended or revoked? Yes _____ No _____

If yes, please explain. _____

Do you have a driver's license? _____ License number: _____ State: _____

PLEASE ATTACH A COPY OF YOUR LICENSE WITH APPLICATION.

Have you ever been convicted of a crime, traffic violation, felony or misdemeanor? _____ If yes, please explain _____

Are you employed? _____ If yes, who is your employer?

Company

Name: _____

Address: _____

Phone Number: _____

WITH YOUR COMPLETED APPLICATION. PLEASE INCLUDE THE FOLLOWING:

1. THREE LETTERS OF REFERENCE ONE FROM A PREVIOUS EMPLOYER, TWO FROM EITHER SCHOOL, ORGANIZATION LEADERS OR SEVAC MEMBERS (FAMILY MEMBERS AND SIGNIFICANT OTHERS ARE NOT ACCEPTABLE)
2. COPIES OF ALL CURRENT CERTIFICATION CARDS
3. COPY OF CURRENT CPR CARD
4. COPY OF VALID DRIVERS LICENSE

If accepted into the Smithfield Eaton Volunteer Ambulance Corps, you must agree to abide by their By-laws and Constitution and further agree to the following;

1. Serve a minimum of 12 hours of duty per month.
2. Attend the monthly membership meeting scheduled for the third Tuesday of every month, unless otherwise indicated.
2. Conduct yourself in a Professional and ethical manner at all times.
3. Keep all Ambulance Corps and Patient information strictly confidential.
4. Refrain from the use of alcoholic beverages at least 6 hours prior to and during any assigned shift and prior to responding to a call.

Please explain in your own words why you want to become a member of the Smithfield Eaton Volunteer Ambulance Corps:

I authorize the Smithfield Eaton Volunteer Ambulance Corps or its designee to investigate my background, including but not limited to my driving and criminal history record. To the best of my knowledge, I attest that the above information is true and understand that I may be held accountable for any false statements made in this application.

Printed Name: _____

Signature: _____ Date: ____/____/____

EMS Job Description

The following job qualifications and competency areas are necessary for people in EMS per the State of New York Health Department (if you have any questions concerning this list or do not feel that you could fulfill some of the duties on this list please discuss these issues with the Membership Chair or the Director of Operations):

- Be at least 18 years of age
- High school Diploma or GED Preferred
- Have the following abilities:
 - Verbal communication; including Telephone and Radio equipment
 - Regularly lift, carry and balance up to 125lbs. (250 with Assistance)
 - Interpret written, oral and diagnostic form instructions
 - Use good judgment and remain calm in high-stress situations
 - Be unaffected by loud noises and flashing lights
 - Be able to function efficiently through an entire work shift without interruption
 - Read the English language, including manuals, road maps, street signs and address numbers.
 - Interview patients, family members and bystanders
 - Document in writing all relevant information in prescribed format.
 - To converse in English with coworkers and hospital staff as to the status of patients.
 - Good manual dexterity with the ability to perform all tasks related to the highest quality patient care
 - Bend, stoop, and crawl on uneven terrain and the ability to withstand varied environmental conditions such as extreme heat, cold and moisture.
 - Work in lowlight and confined spaces.

SMITHFIELD EATON VOLUNTEER AMBULANCE CORPS
REFERENCE LETTER
PO Box 125
Morrisville, NY 13408

Dear Applicant:

Please complete numbers 1-8 on this form and return it with your completed application.

I, _____, authorize Smithfield Eaton Volunteer Ambulance to contact my present and previous employers, Personnel references, and unless otherwise indicated, I further authorize my former employers to give any information as to my character and work, employment dates and positions held. I hereby release from all liability any damages, these individuals or companies are providing such information. I further understand that all hiring commitments are conditional based upon satisfactory meeting and satisfactory completion of the applicable probationary period.

(1) _____ (2) _____
Signature Date

I was employed by (3) _____
Name of Company

Complete Address _____

From (5) ____/____/____ to (6) ____/____/____ in the position of

(7) _____. During this period of employment,

I was known by the name (8) _____

EMPLOYER: PLEASE VERIFY ON THE REVERSE SIDE OF THIS FORM

=====

**SMITHFIELD EATON VOLUNTEER AMBULANCE CORPS
REFERENCE LETTER
PO Box 125
Morrisville, NY 13408**

EMPLOYER: PLEASE COMPLETE

NAME: _____

PHONE NUMBER: _____

EMPLOYED FROM: ____/____/____ To: ____/____/____

| | Excellent | Good | Fair | Poor |
|----------------------------------|-----------|------|------|------|
| Quality of Work | | | | |
| Work Out-Put | | | | |
| Cooperation | | | | |
| Ability to get along with others | | | | |
| Attendance | | | | |

COMMENTS:

SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____ DATE: _____

Thank you for your cooperation.

The SEVAC Membership Committee

SMITHFIELD EATON VOLUNTEER AMBULANCE CORPS
REFERENCE LETTER
PO Box 125
Morrisville, NY 13408

Date: _____

_____ is applying for membership in the Smithfield Eaton Volunteer Ambulance Corp. and has given your name as a reference. We would appreciate it if you could take a few moments and complete this form for him/her. Please return this form in care of the membership committee to the address above. Your comments will be kept strictly confidential.

How well do you know the applicant? _____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Do you feel that this applicant would make a good candidate for the type or service our organization provides to our community? _____.

Please explain: _____

In what ways have you seen this candidate demonstrate an interest in other people and their well being?

Please comment briefly about your feelings regarding this applicant's character, and please be honest.

Please feel free to add additional comments on reverse side. Thank you for your time.

Signature: _____ Phone: _____

Sincerely,

The SEVAC Membership Committee

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