



Emergency Dial 911

Vestal Volunteer Emergency Squad, Inc.

324 Myrtle Street
Vestal, New York 13850
Business Phone: 607-748-6618/Fax: 607-786-7610
www.vestalems.com

Membership Application Packet

Dear Applicant:

We are very pleased that you obtained an application for membership with Vestal Volunteer Emergency Squad (VVES).

Volunteering with VVES carries a fine tradition of serving the community, businesses and residents of the Town of Vestal with the highest quality of pre-hospital and emergency care. Serving the Town of Vestal since 1976 and has demonstrated the ownership and dedication of volunteers whom sacrifice their time to be part of VVES, and has made the Vestal Volunteer Emergency Squad an excellent service to the Town of Vestal.

The Vestal Volunteer Emergency Squad accepts new applicants without experience for a variety of position within the organization.

We recommend that part of your consideration of the Vestal Volunteer Emergency Squad includes a ride-a-long. We encourage you to meet our members, look at our medical equipment and explore our fleet and facility.

Applications are considered active for 90 days from the date of their receipt by VVES for us to act upon, once your application is accepted an interview will be conducted. You will be notified by several means of communications for this appointment.

Please do not hesitate to call the station with any questions or assistance with your application. Thank you for your interest with the Vestal Volunteer Emergency Squad. We look forward to receiving your application.

Sincerely,

VVES Membership Committee

APPLICATION FOR MEMBERSHIP

Instructions: Complete application in black or blue dark ink. Complete all pages of this application. If you have a professional resume, you are encouraged to attach it to this application.

- Position applied for:
- EMT or Higher (*New York State Certified Emergency Medical Technician*)
 - Aide (*Wishes to provide patient care with no NYS EMT certification*)
 - Driver (*Wishes to only drive the ambulance*)
 - Auxiliary or Support Position (*Office Support Only*)

Personal Data

Applicant Last Name	First	Middle Initial	Social Security Number
Mailing Address		Years/Months at Res.	Date of Birth
City	State	County of Res.	Home Phone Number
Street Address (If Different)		Years/Months at Res.	Work Phone Number
City	State	Cellular Phone Number and Carrier (i.e. Verizon)	
E-Mail Address:			

Previous Addresses

Include previous temporary and permanent addresses covering the last seven years

Street Address:	City:	State:	County:	Date From:	Date To:

Authorization to Work

<p>Are you a United States Citizen or National, a permanent resident, a refugee, an asylee; or authorized to work under the temporary resident provisions of the US Immigration Law?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If you answered no, indicate your immigration status or other authorization to work: _____</p> <p>_____</p> <p>_____</p>

General Information

Have you ever applied to VVES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date(s):
Have you ever been interviewed by VVES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date(s):

Being an active member of Vestal Volunteer Emergency Squad requires a significant commitment of time and effort. Your inability to satisfy these requirements may limit further consideration of your application. Please indicate whether you will be able to:

Commit to eight (8) or more hours of on-duty time per month?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Attend monthly squad trainings/meetings in the evening or weekends?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Respond to emergency calls on an off-duty basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Complete all required medical evaluations and assessments as required by state and federal regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Participate in and complete any required training for active status in your position, if accepted, e.g. EMT, CPR/AED or OSHA/DOH mandated trainings?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please state any additional information you believe is pertinent to your application for membership regarding your availability to participate in the organizations activities:	

Certifications/OSHA

Include CPR/AED, any EMS certifications or professional licenses/certifications (Provide Copies)

License/Certification:	Issue Date:	Certification Number:	Issued By:	Expiration Date:
CPR/AED:				
EMT: Level _____				
Physical:				
TB Test:				
OSHA Training:				
Respirator Fit Test:				
NIMS 100:				
NIMS 200:				
NIMS 300:				
NIMS 400:				
NIMS 700:				
NIMS 800:				

Education and Training

Complete all appropriate items, even if you already provided us with a resume

High School Name:	Address:	City/State/Zip Code:
Graduated? [] YES [] NO Year: _____	If you obtained an GED, indicate date and state in which obtained:	

School Name:	Address:	City/State/Zip Code:
Major Field of Study:	Minor Field of Study:	Type of Diploma, Degree or Certificate:
Dates Attended: From: To:	Graduated? [] YES [] NO	Academic Standing / GPA:

School Name:	Address:	City/State/Zip Code:
Major Field of Study:	Minor Field of Study:	Type of Diploma, Degree or Certificate:
Dates Attended: From: To:	Graduated? [] YES [] NO	Academic Standing / GPA:

School Name:	Address:	City/State/Zip Code:
Major Field of Study:	Minor Field of Study:	Type of Diploma, Degree or Certificate:
Dates Attended: From: To:	Graduated? [] YES [] NO	Academic Standing / GPA:

School Name:	Address:	City/State/Zip Code:
Major Field of Study:	Minor Field of Study:	Type of Diploma, Degree or Certificate:
Dates Attended: From: To:	Graduated? [] YES [] NO	Academic Standing / GPA:

School Name:	Address:	City/State/Zip Code:
Major Field of Study:	Minor Field of Study:	Type of Diploma, Degree or Certificate:
Dates Attended: From: To:	Graduated? [] YES [] NO	Academic Standing / GPA:

Employment Experience

List your job history for the past seven (7) years or last five (5) employers, including unpaid experience, starting with your current or most recent position. Indicate any periods in which you were not employed and explain what you were doing during that time. Include U.S. Military experience and summer/part-time jobs.

Current Employer:	Address:	City/State/Zip Code:
Supervisor:	Telephone Number:	Position or Title:
Dates: From: To:	Fulltime or Part-Time:	May we contact your employer: [] YES [] NO
Describe your position/responsibilities:		

Past Employer:	Address:	City/State/Zip Code:
Supervisor:	Telephone Number:	Position or Title:
Dates: From: To:	Fulltime or Part-Time:	May we contact your employer: [] YES [] NO
Describe your position/responsibilities:		

Past Employer:	Address:	City/State/Zip Code:
Supervisor:	Telephone Number:	Position or Title:
Dates: From: To:	Fulltime or Part-Time:	May we contact your employer: [] YES [] NO
Describe your position/responsibilities:		

Past Employer:	Address:	City/State/Zip Code:
Supervisor:	Telephone Number:	Position or Title:
Dates: From: To:	Fulltime or Part-Time:	May we contact your employer: [] YES [] NO
Describe your position/responsibilities:		

Past Employer:	Address:	City/State/Zip Code:
Supervisor:	Telephone Number:	Position or Title:
Dates: From: To:	Fulltime or Part-Time:	May we contact your employer: [] YES [] NO
Describe your position/responsibilities:		

Security Data Information

Provides accurate and complete information in response to the following four (4) questions, this information will be taken into account in the membership process. Do not include in response to any of the questions below arrest without convictions, convictions or incarcerations for which a record has been sealed or expunged. Please note that a criminal record will not necessarily disqualify you from membership.

1. Have you been convicted of or pleaded guilty to a crime or other offense? Include military service convictions or guilty pleas. [] YES [] NO

2. Are you currently on parole, probation, work release program, conditional release or serving a weekend sentence as a result of a conviction or guilty plea? [] YES [] NO

3. Have you ever been confined (incarcerated) as a result of the sentence of any court? (Include incarceration resulting from the sentence of a military court or similar proceeding.) [] YES [] NO

If you answered “yes” to any of the above questions, please provide the following information for each situation; if not, go directly to question four (4) below.

- a. The date, place of the offense and charge: _____

- b. The location of the court and the sentence imposed or other disposition of the matter as a result of a conviction or guilty plea: _____

- c. If you have been in prison/jail, the name and location of the facility in which you served your sentence: _____

- d. Any rehabilitative efforts undertaken while in prison/jail or following release (education, counseling, etc...) _____

- e. Any other information that you believe is pertinent to our full understanding of this matter: _____

4. Are you presently under indictment or are you currently a defendant in any criminal or civil proceeding?

[] YES [] NO

If you answered “yes,” please provide the following information:

a. The date, place of the occurrence leading to the indictment or pending charge, and the charge:

b. When and where a trial is scheduled in connection with the indictment or pending charge:

Additional Information

Please provide any additional information you consider pertinent to your application for membership.

References

Please list three (3) references who are over eighteen (18) years of age, have known you for more than two (2) years and can objectively comment on your abilities and/or interests in emergency medicine. These may include supervisors, teachers, friends, co-workers, etc., but not relatives

	Name:	Address:	Phone:	Relationship:
1.				
2.				
3.				

All members of Vestal Volunteer Emergency Squad must meet the following qualifications for membership:

- Ability to communicate effectively via telephone and radio equipment
- Ability to lift, carry and balance up to 125 lbs (250 lbs with assistance)
- Ability to interpret oral, written and diagnostic form of instructions
- Ability to use good judgment and remain calm in high stress situations
- Ability to be unaffected by loud noises and flashing lights
- Ability to function efficiently without interruption throughout an entire work shift
- Ability to read English language, manual and road maps
- Ability to accurately discern street signs and addresses
- Ability to interview patients, patient family members and bystanders
- Ability to document in writing; all relevant information in prescribed format in light of legal ramifications of such
- Possesses good manual dexterity with ability to perform all tasks related to the highest quality patient care
- Ability to bend, stoop and crawl on uneven terrain
- Ability to withstand varied environmental conditions such as extreme heat, cold and moisture
- Ability to work in low light situations and confined spaces
- Ability to work with other providers to make appropriate patient care decisions

In addition to these qualifications, all active members are expected to perform the following tasks:

- Respond to calls when dispatched. Perform duties as assigned by the crew member or officer in charge.
- Assist with lifting, carrying and properly loading patient into the ambulance.
- Use prescribed techniques and equipment to provide patient care to their level of training.
- Assist in moving patient from ambulance into medical facility.
- Replace supplies and properly dispose of medical waste.
- Properly clean contaminated equipment according to established guidelines.
- Maintain ambulance in operable condition.
- Ensure cleanliness and organization of ambulance, its equipment and supplies.
- Maintain familiarity with all specialized equipment.
- Maintain agencies facilities and property in operable condition.
- Ensure cleanliness and organization of its facilities, its equipment and supplies.
- Maintain familiarity with and adherence to all agency policies and procedures.

Read the following statements carefully, as they represent matters of importance to both you and Vestal Volunteer Emergency Squad in connection with this application for membership. Please initial after each statement.

I understand that:

- The information that I have provided on this application is accurate to the best of my knowledge. Any misrepresentation or deliberate omission in my application, resume or any other materials will be justification for refusal of membership or termination of membership. *(Initial)* _____
- The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me, or by conducting a criminal background check or state driver’s license check. *(Initial)* _____
- I voluntarily authorize Vestal Volunteer Emergency Squad to verify information related to my education, employment, security data, and I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless Vestal Volunteer Emergency Squad, and the directors, officers, employees and volunteers thereof. *(Initial)* _____
- A medical assessment/examination is required for active membership. Failure to successfully complete the required assessment/examination may result in withdrawal of an offer of membership. *(Initial)* _____
- In signing this application, I have read the attached information and apply for membership with Vestal Volunteer Emergency Squad. I agree to comply with the By-Laws, and the Rules and Regulations of the organization. *(Initial)* _____
- Vestal Volunteer Emergency Squad may terminate my membership for any reason, with or without cause, and I am free to terminate my membership at any time for any reason. *(Initial)* _____
- I understand that if accepted for membership, the squad will not sponsor me to attend a NYS EMS Certification course for a period of 6 months. *(Initial)* _____

<u>Signature of Applicant:</u>	<u>Date and Time:</u>

Application Complete – Do Not Continue To Next Page

Applicant Evaluation Form

<u>Applicant Name:</u>	<u>Interviewer's Name(s):</u>	<u>Interview Date:</u>

Interviewer Instructions:

Complete this form immediately after the interview. Comments may be brief but should always be relevant to responsibilities or characteristics to membership. The summary section should include your total assessment of the applicant and the rationale for your membership recommendation.

Personal Characteristics:

Comment on any relevant characteristics you observed during the interview such as communication skills, alertness, poise, maturity, etc.

Interest in EMS:

Comment on applicant's demonstrated interest in EMS or in activities related to EMS.

Education/Training:

Evaluate the applicant's academic achievements or specific training relevant to EMS.

Work History/Experience:

Describe aspects of the applicant's work history or experience relevant to their consideration for membership.

Fitness for Membership:

Assess the candidate's ability to function as an active member of the agency, including level of commitment they will make.

Other:

Comment on any other factors you feel are important to the membership decision, e.g. applicant's achievements, abilities, limitations, flexibility, etc.

Summary:

Summarize the points above to support your evaluations. Indicate your overall evaluation by selecting one of the categories below.

Candidate Evaluation:

In regards to membership with Vestal Volunteer Emergency Squad in general.

Please select one:

Outstanding Above Average Acceptable Unacceptable

Membership Recommendation:

This applicant **Should** or **Should Not** be made a member of Vestal Volunteer Emergency Squad.

Application updated: 5/10