



Vestal Volunteer Emergency Squad, Inc.

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

Emergency Dial 911

Observer Application

Date: / /

Last Name	First Name	Middle Name
Address		Emergency Contact: (Include Name, Address, and Phone Number)
E-Mail Address		Primary Phone Number

Have you ever been convicted and or pled guilty to a felony? YES [] NO [] If yes please explain: _____

Are you currently a member of any Emergency Services Organization either paid or volunteer? Yes [] No []
 If yes please list organization name and address: _____
 State your academic or professional interest in Emergency Medical Services: _____

I understand acceptance of this application allows me to participate as an Observer with an on duty ambulance. I am acting in this capacity for the purposes of becoming familiar with EMS operations. I agree to conduct myself in a professional and lawful manner. I understand the confidential nature of the call, patient information and agree not to discuss any of the information regarding patient information. I understand divulging any such information outside of this Agency has grounds for legal action being taken against me. The Vestal Volunteer Emergency Squad has the following dress code which must strictly be adhered to. Pants of a dark color must be worn (NO BLUE JEANS). The pants must be of a dress type work pants. Shirt must be of a powder blue or dark blue either short sleeve or dark blue T-Shirts are authorized. No emblems or insignias, designs, or pictures are permitted on the shirts. Shoes must be of a sturdy boot type shoe. NO sneakers or open toe shoes/sandals are authorized. A VVES jacket will be provided for the use during the shift during the cooler months. As an OBSERVER, a tag will be provided to you, and this must be worn during the entire shift, and returned upon completion of the shift.

By signing this form, I have agreed, and understand, the regulations listed in this document. I hereby waive my right and/or cause of action I may have against the Vestal Volunteer Emergency Squad Inc. arising from my participation as an Observer with this Agency.

Applicant Signature: _____ Date: ___/___/_____

Are you under 18? YES [] NO []

I have been advised of the conditions my child may be exposed to while observing on the ambulance. Some examples are: patient vulgarity, nudity, smells, trauma patients, and death and dying. This is not inclusive; as each call is unique I feel that my child will be able to handle such conditions. By signing below, I acknowledge that my child and I have read the paragraphs above and the Vestal Volunteer Emergency Squad arising from my child's participation as an OBSERVER with this AGENCY.

 Name of Parent /Guardian if under 18 years of age Signature Date: ___/___/_____

This application is valid for 90 days

FOR OFFICE USE ONLY:

Approved [] Denied []

Expires On: ___/___/_____

Chief Officers Signature _____ Date: ___/___/_____



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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 felony or misdemeanor?
[] YES [] NO
2. Do you have any pending criminal charges against you?
[] 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(s) and charge(s): _____

- 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:

3. Are you presently under indictment or are you currently a defendant in any criminal 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:

