



# Vestal Volunteer Emergency Squad, Inc.

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

*Emergency Dial 911*

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## 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. Applications will be kept on file for a minimum of 1 year. 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

Vestal Volunteer Emergency Squad, Inc. is committed to providing an equal opportunity to all qualified individuals who are seeking membership/employment with the organization. VVES does not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, sexual orientation, genetic predisposition, carrier status, disability, conviction record, or any other legally protected class or status.

This policy applies to all terms and conditions of membership/employment including, but not limited to, hiring, placement, promotion, termination, layoff, transfer, leave of absence, compensation, and training.

Discrimination based on any of the above classifications is strictly prohibited. Any member who engages in such conduct is subject to disciplinary action, up to and including termination.

### Instructions

Please complete the application in black ink. Complete all pages of this application. If you have a professional resume, you are encouraged to attach it to this application.

### Personal Data

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Permanent Address</b>		<b>Mailing Address</b>
<b>E-Mail Address</b>		<b>Uniform Shirt Size (circle)</b> S      M      L      XL      2XL      3XL
<b>Primary Phone Number</b>		<b>Other Phone Number</b>
<b>Emergency Contact: (Include Name, Address, and Phone Number)</b>		

### Position Applied For

Check all that apply

- Volunteer
- Compensated
- Primary Patient Care Provider *(New York State Certified Emergency Medical Technician)*
- Driver *(Wishes to drive the ambulance)*
- Aide *(Wishes to assist on an ambulance with no NYS EMT certification)*
- Auxiliary *(Office Support Only)*

### Authorization to Work

Are you legally eligible for employment in the United States?

YES       NO



**General Information**

Have you ever applied to VVES?	[ ] YES [ ] NO	Date(s):
Have you ever been interviewed by VVES?	[ ] YES [ ] 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:

Initially you need to commit to a minimum of four (4) or more hours of on-duty time per week. After you successfully complete the requirements to be an Aide in the organization this requirement will be eight (8) or more hours per month with 96 hours required each year to sustain active membership.	[ ] YES [ ] NO
Attend monthly squad trainings/meetings in the evening or weekends?	[ ] YES [ ] NO
Respond to emergency calls on an off-duty basis?	[ ] YES [ ] NO
Complete all required medical evaluations and assessments as required by state and federal regulations?	[ ] YES [ ] 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?	[ ] YES [ ] 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**

Please list any EMS certifications or professional licenses/certifications. **Copies of all certifications will be required after conditional acceptance**

License/Certification:	Issue Date:	Certification Number:	Issued By:	Expiration Date:
CPR:				
EMT: Level _____				
IS-100.B:				
IS-200.B:				
IS-700.A:				
IS-800.B:				
IS-346:				
Other:				
Other:				
Other:				
Other:				



**Previous Addresses**

Include previous temporary and permanent addresses covering the last ten years

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

**Previous Affiliations**

Have you ever been an applicant or employee/member of any fire department or ambulance service?

[ ] YES      [ ] NO

If yes, please list name, address, contact name and number of organization(s) below:

Department Name:	Address:	Phone Number:	Contact Name:	To/From:
1.				
2.				
3.				
4.				

Previous Military Experience      [ ] YES    [ ] NO

If Yes: Branch \_\_\_\_\_      Number of Years: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_      Date of Discharge:    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Honors, Awards or Skills**

*Please list any academic honors, awards, or skills you have obtained*

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### 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	If you obtained an GED, indicate date and state in which obtained:	

College or University 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:

College or University 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:

College or University 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:

College or University 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:

College or University 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 four (4) 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:		
Reason for Leaving Employment:		

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:		
Reason for Leaving Employment:		

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:		
Reason for Leaving Employment:		



### 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: \_\_\_\_\_  
\_\_\_\_\_







**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 disposes 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.

Are you able to perform the physical, mental and essential functions listed above with or without a reasonable accommodation?

[ ] YES [ ] NO

If you have limitations or restrictions that need to be accommodated, please explain:

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**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 and agree that:**

- The information that I have provided on this application is accurate to the best of my knowledge. Any misrepresentation, falsification, 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 and security data. *(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)* \_\_\_\_\_

<b><u>Signature of Applicant:</u></b>	<b><u>Date:</u></b>
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Application Complete – Do Not Continue To Next Page

