



Vestal Volunteer Emergency Squad, Inc.

340 Vestal Parkway East
Vestal, New York 13850

Business Phone: 607-748-6618/Fax: 607-786-7610

www.vestalems.com

Emergency Dial 911

Membership Application Packet

Dear Applicant:

Thank you for your interest in joining the Vestal Volunteer Emergency Squad Inc. (VVES).

VVES has served the Town of Vestal since 1976. Our membership has helped make this agency what it is today and will continue to provide excellent service to the Town of Vestal.

The Vestal Volunteer Emergency Squad accepts new applications without experience for a variety of positions within the squad. We recommend that part of your consideration of VVES is that you complete a Ride-a-long (Observer) shift prior to applying for membership. We encourage you to meet our members, explore our station and fleet as well as looking at our equipment.

Any perspective members who are Juniors or Seniors in a college setting would need to be an EMT with previous patient care experience at another agency, with no patient care issues. Any Freshmen or Sophomores who have no experience would be expected to attend an EMT program and provide patient care within a specified time period.

Any supplemental paperwork provided by the prospective member in reference to continuing education requirements will be evaluated on a case by case basis.

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. Our membership committee will be in contact with you about a date and time for an interview to occur.

Please do not hesitate to contact the squad with any questions during business hours. Thank you again for your interest with the Vestal Volunteer Emergency Squad, Inc. and we look forward to meeting with you and reviewing your application.

Sincerely,

VVES Membership Committee



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Vestal Volunteer Emergency Squad Inc. is committed to providing an equal opportunity to all qualified individuals who are seeking membership/employment within the organization. VVES does not discriminate on the basis of race, religion, color, sex, age, national origin, martial 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 is 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 or blue ink. Complete all pages of the application. If you have a professional resume and cover letter please attach them to your application. Applications are to be filled out in full and to be dropped off during business hours. Business hours are Monday thru Friday from 8am to 3pm.

Personal Data

Last Name	First Name	Middle Name
Permanent Address	Mailing Address	School Address (If Applicable)
Email address	Shirt Size (Circle) S M L XL 2XL 3XL	Primary Phone Number
Cell Phone carrier	Other Phone Number	Emergency Contact



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Position Applying for

- Volunteer
- Compensated
- Crew Chief *(New York State Certified Emergency Medical Technician)*
- Driver *(Someone Who Drives the ambulance)*
- Active Support *(Someone who helps assist in office work)*
- Junior Member *(Someone who is under the age of 18)*

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

Have you ever been interviewed at VVES? Yes No

Being an active member of VVES 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 (4) four hours or more of on-duty time per week. After you successfully complete the requirements to be cleared as a trainee, you will then advance to either a Crew Chief or driver track. These requirements will remain in place until you are a cleared active member of VVES.	<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
Remain current on all active certifications required by state and federal law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participate in and complete any required training for active status in your position, if accepted. I.E. EMT, CPR/AED, or OSHA/DOH mandated trainings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete all required medical evaluations prior to being considered for membership. I.E. PPD/Physical/Hep B	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please state any additional information you believe is pertinent to your application or membership regarding your availability to participate within the organization.	



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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: _____				
ICS-100:				
ICS-200:				
ICS-700:				
ICS-800:				
ICS-346:				
Other:				
Other:				
Other:				
Other:				



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Previous Address

Include previous temporary and permanent address covering the last five years.

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

Previous affiliations

Have you ever been an applicant of a Fire Department or an Ambulance service? Yes No

If yes please, please list name, address, contact name and phone number of organization below:

Department Name	Address	Phone Number	Contact Name	To/From

Previous Military Experience Yes No

If Yes: Branch: _____

Number of Years: _____



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Type of Discharge: _____ Date of Discharge ____/____/____

Honors, Awards or Skills

Please List any academic honors, awards, or skills you have obtained

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? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	If you have obtained a GED, indicate date and state in/which obtained:	

College or University Name:	Address:	City/State/Zip Code:
Major or Field of Study:	Minor or Field of Study:	Type of Diploma, Degree or certification
Dates Attended: From: To:	Graduated? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	Expected Graduation date?



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College or University Name:	Address:	City/State/Zip Code:
Major or Field of Study:	Minor or Field of Study:	Type of Diploma, Degree or certification
Dates Attended: From: To:	Graduated? [] Yes [] No	Expected Graduation date?

College or University Name:	Address:	City/State/Zip Code:
Major or Field of Study:	Minor or Field of Study:	Type of Diploma, Degree or certification
Dates Attended: From: To:	Graduated? [] Yes [] No	Expected Graduation date?

College or University Name:	Address:	City/State/Zip Code:
Major or Field of Study:	Minor or Field of Study:	Type of Diploma, Degree or certification
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Employment Experience

List your job history for the past 7 years or last 6 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:	Full time or Part-Time	Position or Title:
Describe your position/Responsibilities:		

Previous employer:	Address:	City/State/Zip Code:
Supervisor:	Telephone Number:	Position or Title:
Dates From: To:	Full time or Part-Time	Position or Title:
Describe your position/Responsibilities:		

Previous employer:	Address:	City/State/Zip Code:
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Dates From: To:	Full time or Part-Time	Position or Title:
Describe your position/Responsibilities:		

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Supervisor:	Telephone Number:	Position or Title:
Dates From: To:	Full time or Part-Time	Position or Title:
Describe your position/Responsibilities:		

Previous employer:	Address:	City/State/Zip Code:
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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, 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,...)



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

Security Data information Continued.

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: _____

Additional Information

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



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References

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

Name:	Email:	Phone:	Relationship:
1.			
2.			

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 judgement 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
- Ability to bend, stoop and crawl on uneven terrain



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- Ability to withstand varied environmental conditions such as extreme heat, cold and moisture
- Ability to work in low light situations and confined spaces
- Possess good manual dexterity with ability to perform all tasks related to the highest quality of patient care

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

- Respond to calls when dispatched. Performed 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 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 state, federal, local and agency policies and procedures.

Are you able to perform the physical, mental and essential functions listed on the previous page 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 following 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 member. *(Initial)* _____
- The information that I have provided may be verified at any time, if necessary, by contacting persons or organizations listed 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 within 14 days of receiving a medical assess/examination being issued 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 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 certified course for a period of 6 months. *(Initial)* _____
- I understand that if accepted for membership, The squad will not sponsor me for patient contact hours for a program or sign any paperwork until cleared as an active member with all active member status requirements met. *(Initial)* _____



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

Application complete - Do Not Continue To Next Page