



Henrietta Volunteer Ambulance
280 Calkins Road • Rochester, New York • 14623 • (585) 334-4190
<http://www.HenriettaAmbulance.org>

Membership Application

Henrietta Volunteer Ambulance (HVA) Service considers the following information to be “confidential.” Only the Membership Committee and the Board of Directors review it in determining the acceptability of the applicant for membership into HVA. This application must be filled out completely and signed by the applicant.

Name:	_____
Address:	_____ _____
Phone Number:	_____
Date of Birth:	_____
Email Address:	_____

- Are you 16 years old or older? Yes No
- Are you currently employed? Yes No

If you are employed, please provide the following information:

Employer: _____

Address: _____

Work Phone: _____

- Why do you wish to join HVA?

- When are you generally available to volunteer your services?

(Select as many as appropriate):

Days

Evenings

Nights

Weekends

- What position(s) are you interested in obtaining at Henrietta Volunteer Ambulance?

(Select as many as appropriate):

Dispatcher

Medic

Driver

Paramedic

Background:

- Can you perform the functions of our emergency medical service with or without reasonable accommodation?

- Were you ever a member of HVA? Yes No If yes, when? _____
- Do you have any previous ambulance-related experience? Yes No
- If you have had previous ambulance experience, when and where did it occur?

- Though HVA will provide you with all necessary training, please list any previous medical training that you have had at any time:

Training	Location	Expiration Date
CPR		
First Aid		
CFR		
EMT (Basic)		
A/EMT-2 (Intermediate)		
A/EMT-3 (Critical Care)		
A/EMT-4 (Paramedic)		

- Please detail any other medical training or experience that you have:

Please detail any non-medical training or experience that may be relevant to the position that you are applying for, or may be an asset to HVA:

- Have you ever been convicted of any crime in New York State or elsewhere?
(Conviction of a crime does not automatically preclude you from HVA membership.)
 Yes No If yes, please explain (use a separate sheet of paper, if appropriate):

- If you have been convicted of a misdemeanor or felony, have you obtained "clearance" from the NYS Dept. of Health to practice EMS*? Yes No
*(*Refer to NYS/DOH Policy # 96-03. Please attach a copy of your clearance documentation.)*
- Is it OK if we request a criminal background check on you? Yes No

Driving Record:

- Do you have a valid driver's license? Yes No
- Driver's License Number: _____ State: _____ Exp Date: _____
- Do you intend to drive any HVA emergency vehicles? Yes No
If yes, please complete the remaining questions relating to violations and accidents
- Please list any moving violations that you have had in the past 18 months:
(Use a separate sheet of paper, if appropriate):

Date of Violation	Offense	Date of Conviction	Court & Location

- List any chargeable accidents that you have had in the past 3 years:
(Use a separate sheet of paper, if appropriate):

Date of Accident	Location	Charges

Personal References:

Our rules require that you provide us with at least three (3) letters of reference. It is your responsibility to see that these letters are provided to the Membership Committee. The Membership Committee will not pursue obtaining these letters for you.

The letters of reference should be from people who know you at least two (2) years. Select persons who will render a fair and unbiased opinion of you.

Give these persons the attached "Personal Reference Letter" forms that are available from our web site. Ask them to completely fill out the form, sign it, and mail it to the address printed on the form. Please ask them to do this as soon as possible. We recommend calling them in one week to verify that they have completed and mailed the form to HVA.

The Board of Directors will not consider your application until three (3) letters of reference are received.

- Have you requested letters of reference from three persons? Yes No

Signature:

This statement must be signed and dated for your application to be considered:

If accepted into membership of HVA, I understand that I must abide by the rules and regulations of the Corporation or my membership may be terminated.

I hereby certify that, to the best of my knowledge, all the information in this application is true and complete. I hereby give consent to HVA and its representatives to verify this information by any means, **including a criminal background check**. I understand that if I am accepted for membership into HVA and this information is subsequently found to be incomplete or inaccurate, I could be subject to disciplinary action and/or expulsion from the Corporation.

Your signature:

Date:

Office Use Only:

Application received:

___/___/___

Letter of reference #1 received:

___/___/___

Letter of reference #2 received:

___/___/___

Letter of reference #3 received:

___/___/___

Board Meeting:

A R T ___/___/___

2nd Board Meeting:

A R T ___/___/___

Orientation:

___/___/___