



Haverstraw Ambulance Corps, Inc.  
160 North Route 9W  
Haverstraw, NY 10927  
(845) 947-5500



**Membership Application**

June 2009

DATE: \_\_\_\_\_

**PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**CONTACT INFORMATION**

Street Name: \_\_\_\_\_ Apt/Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell/Pager #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**POSITION(S) APPLYING FOR (circle):**

EMT      Driver      Helper      Non-Riding      Junior Corps (if under 18 years old)

**GENERAL INFORMATION**

Are you a citizen of the United States?      \_\_\_ Yes      \_\_\_ No

Do you have a valid New York State Driver's License?      \_\_\_ Yes      \_\_\_ No

If yes, what is your Driver's License ID #: \_\_\_\_\_ License Class \_\_\_\_\_

Have you ever been convicted of a crime?      \_\_\_ Yes      \_\_\_ No

If yes, explain fully \_\_\_\_\_

Have you ever been a member of any ambulance corps, fire/rescue department, fraternal organization or service club?      \_\_\_ Yes      \_\_\_ No

If yes, where and when \_\_\_\_\_

Have you ever been removed from membership from any ambulance corps, fire/rescue department, fraternal organization or service club?      \_\_\_ Yes      \_\_\_ No

If yes, explain \_\_\_\_\_

**AVAILABILITY**

Membership in our organization requires regular attendance and participation in Corps activities (meetings, training/drills, answering emergency calls if a riding member, etc). Scheduling is flexible and training is provided at no cost. Please check the time period that would best allow you to volunteer your time to help the Corps and the community.

Weekdays: \_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights

Weekends: \_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights

**EDUCATION**

High School: \_\_\_\_\_

College: \_\_\_\_\_

Have you ever been trained in CPR? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you CPR Certified? \_\_\_\_\_ Yes \_\_\_\_\_ No Exp. Date: \_\_\_\_\_

Are you a certified NYS EMT? \_\_\_\_\_ Yes \_\_\_\_\_ No Exp. Date: \_\_\_\_\_

If yes, where did you receive the training? \_\_\_\_\_

Please note any other medical training, skills and/or certifications \_\_\_\_\_

Have you taken a Defensive Driving Course? \_\_\_\_\_ Yes \_\_\_\_\_ No Date: \_\_\_\_\_

Have you taken EVOC or CEVO? \_\_\_\_\_ Yes \_\_\_\_\_ No Date: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

*Please list in most recent order:*

Company Name: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position / Type of Work: \_\_\_\_\_ Date Started \_\_\_\_\_ Date Left \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_

Company Name: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position / Type of Work: \_\_\_\_\_ Date Started \_\_\_\_\_ Date Left \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_

Company Name: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position / Type of Work: \_\_\_\_\_ Date Started \_\_\_\_\_ Date Left \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_

**GOOD CONDUCT**

Go to your local police department and request a letter of good conduct.

Clearly print or type all information except signatures – False information will result in immediate expulsion from membership and may be a violation of law. HVAC does not discriminate on the basis of any reason prohibited by law.

**REFERENCES**

Provide three (3) references not related to you that we may contact.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Years Known: \_\_\_\_\_

**AGREEMENT**

I understand and agree to the following:

1. The information provided in the forgoing application is true and complete. I understand that any falsification, misrepresentation or willful omission of facts in this application shall be sufficient cause for refusal of membership or discharge from the Haverstraw Ambulance Corps.
2. I understand that I will be required to participate in an interview with the Membership Committee and be subject to applicable background checks as a part of this application process.
3. I acknowledge my obligation to abide by all rules, regulations and policies of the Haverstraw Ambulance Corps as defined in the Corps Constitution, By-Laws, and Standard Operating Procedures.

Print Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PARENTAL CONSENT FOR JUNIOR CORPS APPLICANTS- under 18 years old:**

Corps policy permits Junior Corps members to respond on ambulance calls until 10:00 pm on school nights and until Midnight on all non-school nights. I am the parent or legal guardian of this applicant. I have reviewed and approve this application. I give permission for the applicant to engage in Ambulance Corps authorized activities.

Print Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_



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## HEPATITIS B IMMUNIZATION CONSENT/DECLINATION

Name of member: \_\_\_\_\_

1. *I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been offered the opportunity to be vaccinated with Hepatitis B vaccine, at no charge.*

*I wish to receive the Hepatitis B vaccine series:*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

2. *I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge.*

*I do not wish to receive the Hepatitis B vaccine at this time:*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### HEPATITIS B VACCINATION RECORD

*Hepatitis B vaccination series:*

TYPE OF VACCINE: \_\_\_\_\_

1<sup>st</sup> Dose Date: \_\_\_\_\_

2<sup>nd</sup> Dose Date: \_\_\_\_\_

3<sup>rd</sup> Dose Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of records officer witnessing or receiving this document

\_\_\_\_\_  
Date

Clearly print or type all information except signatures – False information will result in immediate expulsion from membership and may be a violation of law. HVAC does not discriminate on the basis of any reason prohibited by law.



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### **Federal Driver's Protection Act Authorization to Obtain Motor Vehicle Report**

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance I authorize the Ducey Insurance Agency and the Haverstraw Ambulance Corps, Inc. to obtain my motor vehicle record. I understand that this record may contain personal information in addition to motor vehicle violations and/or accidents that may be on record in all fifty U.S. states from the Department of Motor Vehicles.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address and Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip



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**RECORDS INQUIRY ACKNOWLEDGEMENT**

I voluntarily hereby authorize the Haverstraw Ambulance Corps Membership Committee/Corps Officers/Directors to make inquiries into all of my records, including but not limited to criminal history, motor vehicle operation, employment, education and training history. I further authorize and give permission to the Corps to contact the references I designate in my application for membership to the Haverstraw Ambulance Corps. I understand that the information will be used for the purpose of my eligibility and standing as an acceptable candidate for membership in the Corps and the services the Corps provides to the community.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NYS Driver's License # \_\_\_\_\_ Exp. Date: \_\_\_\_\_



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### Application Check List

*Incomplete applications will be returned and will delay the processing of your request to join the Haverstraw Ambulance Corps.*

- Application is complete and signed.
- Letter of Good Conduct from your local Police Dept.
- Training Certificates (if applicable):
  - A. EMT
  - B. CPR
  - C. Defensive Driving
  - D. CEVO/EVOC
  - E. Bloodborne Pathogens
  - F. ICS 100, 200, 700
- Copy of Driver's License.
- Parent or Legal Guardian Signature (if under 18).

Applicant Name: \_\_\_\_\_

**Thank you for your interest in Haverstraw Ambulance Corps, Inc.  
A representative of the membership committee will contact you.**

Visit our website at [www.haverstrawems.org](http://www.haverstrawems.org)

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**MEMBERSHIP COMMITTEE USE ONLY**

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Application complete and reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Application incomplete. Copy retained, app. returned \_\_\_\_\_

Copy provided to Membership Chairman. Received by \_\_\_\_\_

Senior Corps: background check was completed by \_\_\_\_\_

Comments: \_\_\_\_\_

Junior Corps- copy provided to Jr. Corps Advisor to process \_\_\_\_\_

**Reference Checks- by who, date, comments:**

Reference # 1 \_\_\_\_\_

\_\_\_\_\_

Reference # 2 \_\_\_\_\_

\_\_\_\_\_

Reference # 3 \_\_\_\_\_

\_\_\_\_\_

Interview conducted? \_\_\_\_\_ Yes Date: \_\_\_\_\_ \_\_\_\_\_ No

Comments:

\_\_\_\_\_

\_\_\_\_\_

Applicant is / is not recommended for membership.

Comments:

\_\_\_\_\_

\_\_\_\_\_

Date of presentation to Corps membership \_\_\_\_\_

Accepted: \_\_\_\_\_ Yes \_\_\_\_\_ No Comments: \_\_\_\_\_

\_\_\_\_\_

Current Junior Corps Member:

Referred to Sr. Corps for membership on (date): \_\_\_\_\_

Accepted: \_\_\_\_\_ Yes \_\_\_\_\_ No Comments: \_\_\_\_\_