



**GREECE VOLUNTEER AMBULANCE**

...people helping people in Greece, New York USA...



## Membership Application Instructions

Dear Applicant:

Thank you for applying for membership in Greece Volunteer Ambulance, Inc.! We are looking forward to working with you in the largest volunteer ambulance service in the county.

To achieve membership with GVA, your application must be voted on and approved by the Board of Directors at its monthly meeting.

In order to begin this process you must:

1. Complete the membership application form
2. Provide us with three letters of reference

These documents are collected and reviewed by the Membership Committee. Based on the information in these documents, the Membership Committee will make an appropriate recommendation to the Board of Directors. This recommendation will be to accept, reject or table your application; however, the Board of Directors has the final decision. The board meets once a month, so processing your application can take up to four weeks.

- **Membership Application Form**

Attached is a membership application form. It must be filled out in its entirety, and signed by you. Place it along with \$2.00 and copies of your certification cards in an envelope with the address given below and drop it off or mail it to GVA.

- **Letters of Recommendation**

Attached are several personal reference letter forms. You must give these forms to three acquaintances; one must be a current or former employer. The membership committee must receive your three letters of recommendation before the Board of Directors can consider your application. We advise that the individual filling out the recommendation form mail it directly to GVA. We strongly encourage you to check with those individuals to verify that your reference has been sent to us in a timely fashion. Lack of references will delay your application processing beyond the four weeks stated above.

Sincerely yours,

The Membership Committee of GVA.

Membership Committee  
Greece Volunteer Ambulance Service, Inc.  
867 Long Pond Road  
Rochester, New York 14612

585-227-2073  
FAX 585-227-8341  
[www.greeceambulance.com](http://www.greeceambulance.com)



## Membership Application

Today's date \_\_\_\_\_

The Greece Volunteer Ambulance (GVA) Service, Inc. considers the following information confidential. Only the Membership Committee and the Board of Directors review these documents in determining the eligibility of the applicant for membership in GVA. This application must be filled out completely and signed by the applicant.

Name: _____			
E-mail Address: _____			
Address: _____			
Street	City	State	Zip
Home Phone #: _____	Work Phone #: _____	Other Phone #: _____	
Date of Birth: _____	Social Security #: _____		
Emergency Contact – Name: _____		Phone #: _____	

Why do you wish to join GVA? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When are you generally available to volunteer your services? (Select as many as appropriate)

Days ( ) Evenings ( ) Overnights ( ) Weekends ( )

What position(s) are you interested in obtaining in Greece Volunteer Ambulance?

Medic – EMT ( ) Driver ( ) Paramedic ( )

### **Background:**

Are you currently employed? ( ) Yes ( ) No How Long? \_\_\_\_\_

If you are currently employed, please provide the following information:

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

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



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What can you bring to GVA?

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Were you ever a member of GVA? Yes ( ) No ( ) If so, when? \_\_\_\_\_

Do you know any active GVA members? Yes ( ) No ( ) If so, who? \_\_\_\_\_

Have you ever applied for GVA membership in the past? Yes ( ) No ( )

List any affiliations, past and present, with other emergency or medical services (ambulance corps, hospital, fire department, etc.) \_\_\_\_\_

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

Training	Cert. Expiration Date
( ) CPR Professional	
( ) First Aid	
( ) CFR	
( ) CFR (Defibrillation)	
( ) EMT (Basic)	
( ) EMT (Defibrillation)	
( ) AEMT (Intermediate)	
( ) AEMT (Critical Care)	
( ) AEMT (Paramedic)	
( ) Other	
( ) Other	

Please attach copies of all certification cards that you hold.

Please list any other medical training or experience that you have \_\_\_\_\_

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Please list any non-medical training or experience that might be relevant to the position for which you are applying or might be an asset to GVA.

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Have you ever been convicted of a crime? (*Conviction of a crime does not automatically preclude you from GVA membership.*)

Yes ( ) No ( ) If yes, please explain (Use a separate piece of paper, if appropriate):

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If you have been convicted of a misdemeanor or felony, have you obtained a “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*)

Are you currently charged with any misdemeanor or felony? Yes ( ) No ( ) If yes, please explain: \_\_\_\_\_

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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 ( ) *If yes, attach copy of license.*

New York State Driver’s License Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Or: State: \_\_\_\_\_ Number: \_\_\_\_\_

If so, when does it expire? \_\_\_\_\_

Do you have any restrictions? Yes ( ) No ( ) If yes, please explain:

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If you intend to drive any of GVA's vehicles, you must provide the following information:

Please list any moving (traffic) violations that you have received in the past 18 months:

Violation Date	Offense	Conviction Date	Court & Location

List any **chargeable** accidents that you have had in the past 3 years:

Accident Date	Accident Location	Charges

### **Education:**

Please circle highest level of education / degrees received:

High school ( 9 10 11 12 GED ) High schools attended: \_\_\_\_\_

College ( 1 2 3 4 ) College degree: \_\_\_\_\_

College(s) attended: \_\_\_\_\_

### **Military:**

Do you have military experience? Yes ( ) No ( )

If yes, Branch: \_\_\_\_\_ Dates of service: \_\_\_\_\_

Did you receive an honorable discharge? Yes ( ) No ( )

### **Health Background:**

Do you have any physical or mental condition that might limit your ability to perform the functions of our emergency medical service, with or without reasonable accommodation? Yes ( ) No ( ) If yes, please explain the condition and accommodations if applicable.

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Do you have any of the following medical conditions that might prevent you from performing required tasks as a member of GVA?

Cardiac	_____	Diabetes	_____	Asthma	_____
Seizures	_____	Back Problems	_____	Past Surgery	_____
Chronic Injury	_____	Recent Pregnancy	_____	Other	_____

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

Have you been hospitalized for any condition in the past five years? Yes ( ) No ( )

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## **Personal References:**

Our policies require that you provide us with three 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.***

Letters of recommendation should be from three people who have known you for at least one year, one of whom is a current or former employer. Please select individuals who will render a fair and unbiased opinion of you.

Give these individuals the attached "Personal Reference Form" to fill out. 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.

**Your application will not be considered by the Board of Directors until at least two positive letters of reference are received.**

Have you requested letters of reference from three individuals? Yes ( ) No ( )



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## **Affirmation / Signature:**

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

**Note: Membership dues (\$2.00) MUST accompany this application and are non-refundable.**

Upon resignation / termination of my membership in Greece Volunteer Ambulance Service, Inc., I will return any and all GVA property in my possession, including, but not limited to GVA-issued ID badge, uniforms, coats and jackets, pagers and radio equipment.

I have willingly supplied the information contained in this application, in the interest of applying for membership in Greece Volunteer Ambulance Service, Inc. If accepted into the membership I agree to abide by the rules, regulations, policies and procedures and to uphold the by-laws of GVA. I state that the information contained in this application has been answered truthfully and without omissions. I authorize GVA to check any of the references or statements provided by me. I further understand that any deliberate false statements will render this application invalid. *Submission of this application does not constitute an agreement with GVA to accept you as a candidate for membership into the organization.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## **For Office Use Only:**

Application received: By: \_\_\_\_\_ Date: \_\_\_\_\_

Letter of reference #1 received By: \_\_\_\_\_ Date: \_\_\_\_\_

Letter of reference #2 received By: \_\_\_\_\_ Date: \_\_\_\_\_

Letter of reference #3 received By: \_\_\_\_\_ Date: \_\_\_\_\_

Board meeting ( ) approved ( ) denied ( ) tabled Date: \_\_\_\_\_

2<sup>nd</sup> Board meeting ( ) approved ( ) denied Date: \_\_\_\_\_

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

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## **Authorization and Release for Law Enforcement and Motor Vehicle Records**

To whom it may concern:

I, \_\_\_\_\_, hereby authorize and instruct any person employed by any law enforcement agency, police department and / or motor vehicle department to release and deliver to the president of the board of directors of Greece Volunteer Ambulance Services, Inc. (GVA) or his/her designated representative, upon production of this document or a copy of the same, any and all records, information, reports and documents relating to any and all criminal charges, dispositions, traffic and juvenile contacts resulting between myself and any said agencies, departments or institutions or with regard to my driving record or traffic infractions.

This authorization shall include the right of inspection and copying of any documents contained in any such file or record by GVA or its designated representative.

I further authorize GVA to make copies of this authorization and release and release and give such copies to any agencies, departments or institutions requesting the same from whom the above information has been requested.

I understand that any information obtained from such investigation in whole or in part based upon this authorization and release will be considered in determining my suitability for membership in GVA.

I hereby represent to any person, agency, department or institution that furnished such information concerning me shall not be held accountable for giving such information. I do hereby release said person, agency, department or institution from any and all liability which might be incurred as a result of furnishing such information. I further release GVA from any and all liability which might be incurred as a result of collecting such information.

**A photocopy of this authorization and release will be as valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.**

I have read and fully understand the contents of this "authorization and release for law enforcement and motor vehicle records".\*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**\*Must be accompanied by a photocopy of your driver's license.**





## Personal Reference Form

Dear Sir or Madam:

The person for whom you are providing this reference is in the process of applying for membership in Greece Volunteer Ambulance (GVA) Service, Inc. The applicant has chosen you as a qualified person to render a fair opinion of their suitability for membership.

Please complete and sign this form as soon as possible. *The applicant will not be considered from membership until we receive your letter of reference.* Please mail this form to the Membership Committee at the address below. This information will be held in strict confidence.

This letter of reference is for: *(name of applicant)* \_\_\_\_\_

Your Name _____
Address _____
Phone Number: _____ The best time to call you is: _____
e-mail address: _____

In what capacity do you know this person?

- Personal Friend     Acquaintance     Colleague at work
- Relative     I am not really qualified to comment on this person
- Other (please explain) \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Please comment on their maturity and leadership skills for working in critical situations.

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While responding to people in their time of need, we deal with sensitive information. Please comment on the applicant's ability to handle this information discretely and in a professional manner.

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Is there any fact or circumstance about this person or his/her background that would call into question entrusting him/her with the care of patients of any age?

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Do you recommend this person for membership in GVA?

Highly recommend     Recommend     Do not recommend     No comment

*Please explain why you do or do not recommend this person for GVA membership:*

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*Additional comments may be made below and on the back of this sheet.*

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_



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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Do you recommend this person for membership in GVA?

Highly recommend     Recommend     Do not recommend     No comment

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\_\_\_\_\_



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