

Wallkill Volunteer Ambulance Corps Inc.
PO Box 221, 231 First Street, Wallkill, NY 12589 (845) 895-2601

Application for Membership
(please print clearly in blue or black ink)

Name: _____ Date: ____/____/____

Current Home Address: _____

Mailing Address (if different): _____

Phone Number: _____ (circle): WORK HOME CELL

Cell Phone: _____ Carrier: _____

Email: _____

Membership Category Applying (circle): ACTIVE SOCIAL JUNIOR (16-18)

1. What position(s) are you initially interested in becoming qualified and perform?
_____ Emergency Medical Technician (EMT) _____ Ambulance Operator
_____ Support

2. Have you reviewed the requirements for the position(s) which you are interested?(circle:) YES NO

3. Can you perform the functions for at least one of the positions in which you are interested, with or without reasonable* accommodation? YES NO
** The Wallkill Volunteer Ambulance Corps Inc reserves the right to determine what is reasonable.*

4. Are you at least 18 years of age? YES NO

5. Are you a citizen of the United States? YES NO
If NO, do you intend to become a citizen of the United States? YES NO
If NO, do you have the legal right to remain permanently in the United States? YES NO
If Yes to above, do you intend to reside permanently in the United States? YES NO

6. Do you possess a valid NYS Driver License? YES NO
If NO, do you have an out-of-state license and applying for a NYS license? YES NO
If NO, how do you intend to get to the station for drills, meetings, and emergency calls? *If necessary, please answer on another page and attach to this application.*

7. How long have you lived at your present address? _____ years _____ months
List all your previous addresses for the last 2 years. *If necessary, please list them on another page and attach to this application.*
Address From To

8. How long have you lived in the Wallkill area? approximately _____ years

9. Do you intend to continually reside in the Wallkill area for the next 4 years? YES NO

If NO, will/are you attending college elsewhere, move often for work reasons, etc? *If necessary, please answer on another page and attach to this application.*

10. What is your current employment and previous employment for the last 2 years?

Employer	Address	Position	Dates
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11. Have you ever been convicted of or plead guilty to a felony? YES NO

If necessary, please provide a complete list as follows on another page and attach to this application.

Provide offense convicted of: _____

Date of conviction: _____

How old were you at the time of conviction? _____

Have you obtained a Certificate of Relief from Disabilities? YES NO

12. Do you have any pending criminal charges? YES NO

13. Have you ever applied to and/or been a member of any other fire department or ambulance service, whether paid or volunteer? YES NO

If necessary, please list them on another page and attach to this application.

NOTE: Please list the highest position held with that agency or the status of your application(s) as it was either "declined" or "withdrawn".

Agency	City, State	Position or Status	Dates
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14. Please list relevant certifications (with expiration dates), training or other skills, that may be relevant to performing this job and attach copies of all current cards/certifications:

15. Please provide three character references we may contact (not family):

Name	Address	Phone	Relationship
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16. If a current member of Wallkill Ambulance referred you to apply, who was it?

17. If not from a member how did you hear about Wallkill Ambulance? (Check all that apply.)

- Open House Table Campaign Lawn Signs Large Banners
 Referral BBQ Media/Publication Other _____

By signing below, I hereby certify that all of the responses are true and correct to the best of my knowledge. I understand that any omission or misrepresentation by me on this application may be cause for my rejection or expulsion. I also hereby consent to a full CRIMINAL BACKGROUND CHECK being conducted and the results be considered as part of my application.

Signature of Applicant

Date

Name of Applicant (Print)

Signature of Junior Corp Applicant Parent/Guardian

Date

Name of Junior Corp Applicant Parent/Guardian (Print)

OFFICE USE ONLY:

Board of Directors Interview Date: _____

Interviewed by: _____

Approved by Board, PROBATION begins Date: _____

Approved by Membership Date: _____

*May not be less than twelve months from probation date

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Application for Membership
Medical Certification Form

Essential Functions of an Emergency Medical Technician (EMT):

- Ability to lift, carry and balance up to 125 pounds (250 pounds with assistance) when moving patients.
- Ability to bend, stoop, crawl on uneven terrain even in low light situations and confined spaces.
- Ability to withstand varied environmental conditions such as extreme heat, cold and moisture.
- Possesses good manual dexterity with ability to perform all tasks related to the highest quality of patient care.
- Ability to read, converse and communicate effectively in English, both oral and written.
- Is mentally fit to perform the duties of an EMT including using good judgement, remains calm in high stress situations and functioning efficiently without interruption throughout an entire work shift.
- Ability to assess patients, use Basic Life Support equipment and techniques including performing CPR, using an AED, control bleeding, immobilize bones, manage environmental emergencies and administer medication.

Essential Functions of an Ambulance Operator:

- Ability to lift, carry and balance up to 125 pounds (250 pounds with assistance) when moving patients.
- Ability to bend, stoop, crawl on uneven terrain even in low light situations and confined spaces.
- Ability to withstand varied environmental conditions such as extreme heat, cold and moisture.
- Possesses good manual dexterity with ability to perform all tasks related to the highest quality of patient care.
- Ability to read, converse and communicate effectively in English, both oral and written.
- Is mentally fit to perform the duties of an Ambulance Operator including using good judgement, remains calm in high stress situations and functioning efficiently without interruption throughout an entire work shift.
- Ability to assist in assessment of patients, use Basic Life Support equipment and techniques including performing CPR.

To Be Completed by Physician

I, _____, a licensed Physician, hereby state that I have examined _____, an applicant to the Wallkill Volunteer Ambulance Corps Inc. I find no reason why he/she should not be able to perform the essential functions involved in working as an EMT or Ambulance Operator, as described above.

Physician's Signature: _____ **Date:** _____

Print Physician Name: _____

Office Address: _____

Office Phone: _____