

Membership Application

Ontario Volunteer Emergency Squad
PO Box 444
Ontario, NY 14519
(315) 524-9325
Base located at 6132 Furnace Rd, Ontario

Thank you for your interest in joining OVES, an organization of volunteers dedicated to providing emergency medical services to those in need. Once your completed application is received, a member of OVES will check your references. Your application must be presented to the membership at a general meeting and then be approved by the Board of Directors. This process can take 4-6 weeks, so please be patient. During this time, OVES will contact you to schedule any necessary training classes. Thank you for taking the time to complete this application and for your interest in OVES.

NAME	ADDRESS	Phone #
		Cell #
		Date of Birth:
		e-mail address

Date of application: _____

Approved: _____

(OVES use Only)

Membership Type:

Riding Member Driver Medic Associate Member

Availability Days Nights

Current level of Training: CPR? If yes, what level _____

First Aid? If yes, what level and type (i.e. Red Cross, Community 1st Aid, EMT, etc.) _____

Instructor Training (i.e. Red Cross, American Heart, CEVO) _____

Do you have any experience with this type of organization? Yes No

If yes; when, where, and what type of experience? _____

Do you have any handicap of physical condition that would limit your activity? Please explain: _____

If applying for riding membership, can you provide a doctor's certification of your ability to perform ambulance duties? Yes No

Have you ever been convicted of or plead guilty to a traffic violation, DWI, misdemeanor, or felony crime? Yes No

If yes, please give details: _____

What talents or skills are you able to contribute to OVES as an associate or riding member? (i.e.; clerical, computer, mechanical) _____

Please list names of any acquaintances that are members of this organization: _____

Please supply three character references:

Name	Address	Phone #

Please return a copy of your driver's license and copies of any CPR or other certifications along with this application. You may mail to PO Box 444, Ontario, or give to any OVES member.

In connection with my application for membership or employment (including contact services) with O.V.E.S., I understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, license suspension and revocations.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to obtain information as the name, address, and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as recipients of any reports on me which the agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for the organization to procure Motor Vehicle Reports at any time during my employment, membership or contact period.

Print Name

Social Security

Signature

Date

Driver License Number

State