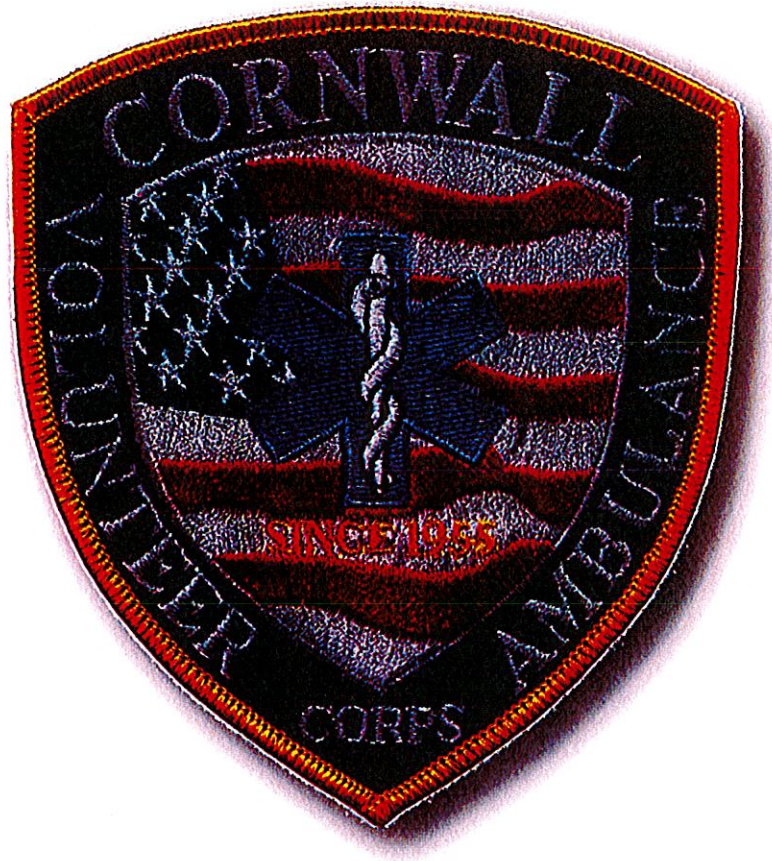


Cornwall Volunteer Ambulance Corps



Membership Application



Cornwall Volunteer Ambulance Corps

1 Clinton Street P.O. Box 151 Cornwall, New York 12518
(845) 534-9510 Fax (845) 534-5832

Welcome and thank you for your interest in the Cornwall Volunteer Ambulance Corps. We are happy that you are thinking about joining our organization.

Upon completion of this application you will be contacted by a member our membership committee to schedule an interview. Should you be accepted as a member of COVAC you will be placed in a training program and have the opportunity to sign up for shifts. Shifts are in six hour blocks and we operate 24/7, 365, including holidays and weekends! It is your responsibility to meet the requirements of the position you are applying for.

When on shift you are required to remain in the Cornwall Ambulance District at all times, exception being members who are on probation or under the age of eighteen who must remain at the station for the duration of their shift. COVAC does offer several amenities such as a lounge with bunk beds, Wi-Fi, a full kitchen and showering facilities.

Cornwall Ambulance looks forward to having you join our team.

I have read and understand the above requirements: _____ ◀ Initial Here

INSTRUCTIONS FOR COMPLETION OF MEMBERSHIP APPLICATION

1. An application must be fully completed to be considered. This includes:
 - A. At least three references with accurate phone numbers and addresses.
 - B. Legible photocopies of driver's license, NYS DOH certification, valid CPR card, and any other documents you feel may be pertinent
 - C. Signatures and initials must be completed where required.

2. Mail completed application with photocopies to:

Cornwall Volunteer Ambulance Corps
c/o Membership Committee
P.O. Box 151
Cornwall, NY 12518

Personal Information

Full Name: _____ Date: _____

Address: _____

Home Phone: _____ E-mail: _____

Cell Phone: _____ Date of Birth: _____

Emergency Contact: _____ Relationship: _____

Address: _____

_____ Phone No. _____

Are you a citizen of the United States? YES NO

Are you authorized to live/work in the United States? YES NO

Have you ever been convicted of a crime? YES NO

If YES, please explain: _____

Position Desired

Position you are applying for: Active Member Riding Associate Non-Riding Associate

Have you ever been a member of this organization? YES NO

Have you ever applied to this organization and been denied? YES NO

Previous Medical Training

Please circle those which you have that are valid:

CPR EMT Paramedic Lifeguard MD/NP First aid RN/LPN

Other medical training: _____

NYS EMT Number: _____ Expiration Date: _____

Have you ever had your EMS Certification suspended or revoked? YES NO

If YES, please explain: _____

Limitations

Describe any physical or mental limitations that may affect your ability to function on an ambulance crew (i.e. – heart conditions, hearing loss, back problems, etc.) NOTE: If you are applying for a riding member you may be required to lift up to 125 lbs in accordance to NYS requirements.

Driving Record

Do you have a valid Driver's license? YES NO

State: _____ ID Number: _____ Exp. Date: _____

List any traffic violations, accidents, suspensions and/or revocations during the past 36 months:

Occupation

Company: _____ Phone: _____

Address: _____

Job Title: _____ Supervisor: _____

Job Responsibilities: _____

May we contact your current employer?

YES

NO

Education

<u>High School</u>	<u>Address</u>	<u>Dates</u>	<u>Degree</u>
<u>College</u>			
<u>Other</u>			

MEMBERSHIP NON-DISCLOSURE AGREEMENT

In consideration of being elected a member of the Cornwall Volunteer Ambulance Corps, I the undersigned applicant hereby agree and acknowledge:

1. That during the course of my membership there may be disclosed to me certain confidential information consisting but not necessarily limited to:
 - A. Response times, patient information and data specific to premise histories, meetings that review protocol and SOP development, financial issues and methods, and computer programs and information. Any and all information is covered under The Health Insurance Portability and Accountability Act of 1996 (HIPPA)

2. I agree that I shall not during, or at any time after the termination of my membership with the corps, disclose or divulge to others, including the media, any confidential information, or any other data of the corps in violation of this agreement.

3. That upon the termination of my membership from the corps:
 - A. I shall return to the corps all documents and property of the corps, including but not limited to: radios, pagers, medical equipment, badges, uniform items, reports, manuals, correspondence, computer programs and any other materials and copies thereof relating in any way to the corps business, or in any way obtained by me during the course of my membership.
 - B. The corps may notify any third party of the existence of this agreement, and shall be entitled to full injunctive relief for any breach.
 - C. This agreement shall be binding upon the Cornwall Volunteer Ambulance Corps and myself.

Print Name: _____

Signature: _____

Date: _____

I certify that the foregoing statements are accurate and complete to the best of my knowledge. I understand that I am subject to dismissal if any information provided by me is found to be false. I understand that membership is contingent upon satisfactory reference information and successful completion of the probationary period. I understand that Cornwall Volunteer Ambulance Corps reserves the right to deny any application for any reason.

I hereby authorize the release to the Cornwall Volunteer Ambulance Corps any personal information and/or records concerning civil or criminal matters heretofore or hereafter occurring that affect me.

Applicant name: _____ Signature: _____

Parent name: _____ Signature: _____

Today's Date: _____

ANY APPLICANT UNDER THE AGE OF 18 REQUIRES A PARENT OR LEGAL GAURDIAN'S APPROVAL