



# HAMLIN VOLUNTEER AMBULANCE CORPS., INC.

## General Information and Membership Application

**Dear Applicant:**

**Thank you for applying for membership in the Hamlin Volunteer Ambulance Corps., Inc.!**  
**This application is your first step toward helping your community and we are looking forward to working with you in this endeavor.**

All persons who are at least **eighteen years** of age or older, and are capable of achieving and maintaining training and minimum duty requirements, shall be eligible for membership in this Corporation.

To achieve membership, first, your application will be reviewed by our Membership Committee, made up of a small constituent of our members. An informal meeting with this group will be made at the convenience of all parties. Please bring your **Driver's License** and all current **Certifications** you may have.

Based on the information on your application, this initial interview, and a review of your references, the Committee will make a decision to accept, refuse, or table your application. Due to the nature of this process, please be aware that some time may pass (but usually, within four weeks) before a final decision can be made regarding your application.

### Categories of Membership

#### **Crew Position**

Driver - must be at least **21 years old**, have a valid New York State Driver's License, and be certified in CPR for the Professional Rescuer including AED.

First Medic - must be a NYS certified EMT-B, or higher.

3<sup>rd</sup> Crew Member - must be certified in CPR for the Professional Rescuer including AED, and trained in First Aid (such as an RTE, Responding To Emergencies course).

#### **Auxiliary Position**

Primarily for those who do not wish to (or are unable, due to limitations) get involved with actual patient care. These individuals assist the Corporation with Administrative tasks such as record keeping, correspondence and fund drives, assisting at Fire and EMS "Stand-bys", maintenance, and anything else they feel might be of benefit to the Corps.

Note: Certifications previously mentioned are **NOT** a requirement to become a member of Hamlin Volunteer Ambulance. Applicants who do not have the appropriate certifications can receive free training and certification for any position desired. Do not be overwhelmed, do not be intimidated. Most of our members had no previous medical experience. They are just ordinary citizens **trained** to do an extraordinary job with a willingness to help the people in their community.



# HAMLIN VOLUNTEER AMBULANCE CORPS., INC.

P.O. Box 101  
1483 Lake Road  
Hamlin, New York 14464-0101

## Membership Application

Today's Date: \_\_\_\_\_

### PERSONAL INFORMATION:

Name: \_\_\_\_\_ Male ( ) Female ( )

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

Home Telephone: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

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

### Emergency Contact:

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

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ 2<sup>nd</sup> Phone #: \_\_\_\_\_

Do you have a valid Driver's License? Yes ( ) No ( )

State \_\_\_\_\_ License ID #: \_\_\_\_\_

Any moving (traffic) violations received in the past 18 months? Yes ( ) No ( )

Any chargeable accidents in the past 3 years? Yes ( ) No ( )

### EMPLOYMENT INFORMATION:

Occupation: \_\_\_\_\_ Work Hours: \_\_\_\_\_

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

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

### EMS EXPERIENCE:

Standard First Aid \_\_\_\_\_ Exp. Date \_\_\_\_\_

Community CPR \_\_\_\_\_ Exp. Date \_\_\_\_\_

Professional CPR \_\_\_\_\_ Exp. Date \_\_\_\_\_

C.F.R. Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

E.M.T. Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Advanced E.M.T. \_\_\_\_\_ Exp. Date \_\_\_\_\_

**BACKGROUND INFORMATION:**

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

In what capacity would you like to serve HVA (Medic, Driver, 3<sup>rd</sup>, Auxiliary)? \_\_\_\_\_  
\_\_\_\_\_

Do you have previous Ambulance Corps/Fire Dept. Membership, and if yes, with whom? \_\_\_\_\_  
\_\_\_\_\_

Please list any **non-medical** training or experience that may be relevant to the position that you are applying for, or may be an asset to HVA: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much time (on an average per month) would you be able to contribute? \_\_\_\_\_  
\_\_\_\_\_

When are you generally available to volunteer your services?

Days ( )      Evenings ( )      Over Nights ( )      Weekends ( )

**REFERENCES:** (Please do NOT list family members)

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

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

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do we have your permission to perform a **Police Check** of your records, both as to the operation of a motor vehicle (if applying as a Driver) and as to any other record you may have with the law enforcement bureaus or departments of this State, or any other State, or the Federal Government?    Yes ( )    No ( )

**AFFIRMATION / SIGNATURE:**

By **signing below**, the applicant certifies that all of the above questions have been answered truthfully and without gross omission and that willful falsification or omission from this application will subject this application to immediate refusal or the applicant from dismissal from membership.

All information on this form will be considered **confidential** and will not be divulged to anyone outside the Corps. However, the Corps does reserve the right to verify the information provided and to contact the names of references submitted by the applicant.

If there is any pre-existing condition or event in the experience of the applicant (such as prior convictions, psychological problems, disability, problems with dismissal from another organization) that might adversely affect this application, the applicant is strongly suggested to note that on this application and discuss it with the Membership Committee at the Initial Interview.

The applicant also understands that there is no appeal to denial of this application to membership.

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