



## **Brockport Volunteer Ambulance Corps Inc.**

38 Market Street PO Box 242  
Brockport, New York 14420  
Phone (585) 637-1035 Fax (585) 637-1010

### **New Member Application Packet**

Dear Applicant:

We are pleased that you have obtained an application for membership with the Brockport Volunteer Ambulance Corps (BVAC).

The BVAC carries a long tradition of providing the residents and businesses of the Village of Brockport and surrounding communities with the highest quality of pre-hospital emergency care. Serving the Brockport area since 1962, our volunteers and employees have demonstrated the commitment and dedication in sacrificing their time to be part of the BVAC and make it an important aspect of the quality of life in the Brockport area.

The BVAC accepts new applicants with or without experience for a variety of position within our organization.

We encourage you to meet our members, look at our medical equipment and explore our fleet and facility before filing your application with us. Applications are considered active for 90 days from the date of their receipt by BVAC. Once your application is accepted, a member of the Membership Committee will contact you to begin the process of accepting you as a new member.

Please do not hesitate to call us with any questions or assistance with your application. Thank you for your interest in the BVAC. We look forward to receiving your application.

Sincerely,

BVAC Membership Committee



**Certified**

**Volunteer Membership Application**

**Please print legibly in ink**

Date \_\_\_\_\_

- Position applied for:**     EMT or Higher (*New York State Certified Emergency Medical Technician*)  
 (check all that apply)     Third (*Wishes to provide patient care with no NYS EMT certification*)  
     Driver (*Wishes to only drive the ambulance- must be at least 21 years old*)  
     Support or Auxiliary Position (*Office Support Only*)

Have you ever applied to the BVAC?     YES     NO Date(s): \_\_\_\_\_

**Personal Data**

Name \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Mailing Address \_\_\_\_\_ Yrs at residence \_\_\_\_\_

Street Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Email \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (C) \_\_\_\_\_

Emergency Contact Info. Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (C) \_\_\_\_\_

Soc Sec Num \* \_\_\_\_\_ Drivers License\* \_\_\_\_\_  
(Please include a copy of your license)

\* This information is used for identification purposes only and does not factor, in any way, into BVAC's decision to approve your application for membership.

Include previous temporary and permanent addresses covering the last five years (include permanent address if you are a college student)

<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>County</u>	<u>Date From/Date To</u>
-----------------------	-------------	--------------	---------------	--------------------------

\_\_\_\_\_

**General Information**

Being an active member of the Brockport Volunteer Ambulance Corps (BVAC) requires a significant commitment of time and effort. Please indicate whether you will be able to:

Commit to a minimum of sixteen (16) hours of on-duty time per month?     YES  NO

## Brockport Volunteer Ambulance Corps Inc. Membership Application

- Attend monthly Corps training/meetings in the evening or weekends?  YES  NO
- Respond to emergency calls on an off-duty basis?  YES  NO
- Complete all required medical evaluations and assessments as required by federal, state and Corps regulations?  YES  NO
- Participate in and complete any required training for active status in your position, if accepted, (EMT, CPR or OSHA/DOH mandated training)?  YES  NO

Please provide what hours and days you would typically be able to work or volunteer \_\_\_\_\_

---

- Do you have any physical or medical condition, impairment, or medication that could affect your ability to perform strenuous activity as required in emergency medical services work?  YES  NO
- Are you a United States Citizen, National, or permanent resident?  YES  NO
- If not, do you possess an Alien registration card?  YES  NO
- Have you ever been convicted, or plead guilty to a felony or misdemeanor, or similar offense (Include military service convictions or guilty pleas)?  YES  NO
- Have you been convicted of a DUI/DWI in the past 10 years?  YES  NO
- Are you currently on parole, probation, work release, conditional release, or serving a weekend sentence as a result of a conviction or guilty plea? If yes, please explain in detail below.  YES  NO
- Are you currently active in the United States Military?  YES  NO
- Are you a veteran of the United States Military Service?  YES  NO
- Do you have any moving violations or accidents in the last five (5) years? If yes, please explain below.  YES  NO
- Has your license ever been suspended or revoked? Please explain.  YES  NO

If necessary, please explain any answer above: \_\_\_\_\_

---

---

### Previous Affiliations

Have you ever been an applicant or employee/member of any fire dept. or ambulance?  YES  NO

If yes, please list name, address, contact name and number of organization(s) below

<u>Department Name</u>	<u>Address</u>	<u>Phone Num</u>	<u>Contact Name</u>	<u>To/From</u>
------------------------	----------------	------------------	---------------------	----------------

---

---

# Brockport Volunteer Ambulance Corps Inc. Membership Application

## Certifications

<u>License/Certification</u>	<u>Issue Date</u>	<u>Issued By</u>	<u>Cert Num</u>	<u>Expiration Date</u>
CPR/AED:	_____	_____	_____	_____
EMT: Level _____	_____	_____	_____	_____
ACLS	_____	_____	_____	_____
EVOC/CEVO	_____	_____	_____	_____

(Please attach any and all relevant copies of certifications)

## Education and Training

Years completed \_\_\_\_\_ Diploma/Degree \_\_\_\_\_

Do you possess any specialized training, licenses or skills? [ ] YES [ ] NO Please list below:

\_\_\_\_\_  
\_\_\_\_\_

## Employment History

List places of employment and contact person(s) for the past three years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Personal References

Please list two (2) references who are over eighteen (18) years of age and have known you for more than two (2) years. These may include supervisors, teachers, friends, co-workers, BVAC members, etc., but not relatives

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____

## Additional Information

Please provide any additional information you consider pertinent to your application for membership

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Brockport Volunteer Ambulance Corps Inc. Membership Application

**Read the following statements carefully, as they represent matters of importance to both you and BVAC in connection with your application for membership. Please initial after each statement.**

**I understand that:**

- The information that I have provided on this application is accurate to the best of my knowledge. Any misrepresentation or deliberate omission in my application, resume or any other materials will be justification for refusal of membership or termination of membership. *(Initial)* \_\_\_\_\_
- The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me, or by conducting a criminal background check or state driver's license check. *(Initial)* \_\_\_\_\_
- I voluntarily authorize to verify information related to my education, employment, security data, and I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless BVAC, its directors, officers, employees and volunteers. *(Initial)* \_\_\_\_\_
- A medical assessment/exam, which may include a drug and alcohol screening, is required for active membership. Failure to successfully complete the required assessment/exam may result in withdrawal of an offer of membership. *(Initial)* \_\_\_\_\_
- In signing this application, I have read the attached information and apply for membership with BVAC. I agree to comply with the Bylaws, and the Rules and Regulations of the Corps, which will be provided to me upon approval of my membership. *(Initial)* \_\_\_\_\_
- BVAC may terminate my membership/employment for any reason, with or without cause, and I am free to terminate my membership/employment in writing at any time for any reason. *(Initial)* \_\_\_\_\_
- I understand that if accepted for membership, the Corps has the option to not sponsor me to attend a NYS EMS Certification course for a period of 6 months. *(Initial)* \_\_\_\_\_

**Signature of Applicant:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Membership committee receipt:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_