

Application for Membership

Goshen Volunteer Ambulance Corps

PO Box 695
Goshen, New York 10924

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: (____) ____ - _____ Other: (____) ____ - _____

Date of Birth (MM/DD/YYYY): _____

E-Mail address: _____

Occupation: _____

How did you hear about us?

Application:

Application for Status (See Member Status Sheet): _____

Experience:

Do you have past/present Emergency Service (EMS) experience? _____

If yes, name of agency (please list additional agencies at the end of this application):

Reason for leaving: _____

In what standing did you leave this agency: _____

Name of Chief Officer: _____ Telephone: (____) ____ - _____

Professional (EMS) References:

Name: _____ Telephone: (____) ____ - _____

Name: _____ Telephone: (____) ____ - _____

Certifications:

_____ CPR Expiration Date: ___ / ___ / _____ Years Exp: _____

_____ CFR Expiration Date: ___ / ___ / _____ Years Exp: _____

_____ First Aid Expiration Date: ___ / ___ / _____ Years Exp: _____

_____ EMT Expiration Date: ___ / ___ / _____ Years Exp: _____

(Please specify what level of EMT certification you have)

Other Relevant Experience:

To Become a Member:

Do you reside within the GOVAC response area?

If no, are you willing to be within five (5) minutes of the facility while on call?

Do you have a Driver's License? _____ State: _____ Number:

Have you had an infraction or accident? _____ If yes, please explain on the last page.

Medical Requirements:

Have you been treated by a medical doctor for any condition in the past 3 years? _____

Are you physically fit, able and willing to perform under the stressful nature of an emergency service? _____ If yes, please explain on the last page.

Have you been treated by a psychologist or psychiatrist in the past 3 years? _____

If yes, you have the right to explain on the last page or speak with a Membership Chairperson.

Personal References:

Name: _____ Telephone: (____) ____ -

Name: _____ Telephone: (____) ____ -

Other:

Finalize:

I certify that the statements made by me on this application are true and accurate to the best of my knowledge. I understand that any misrepresentation of the facts is ground for rejection or dismissal. I agree, if accepted, to serve honorably in pursuit of my duties and to abide by all the laws, rules, regulations and by-laws regarding the operation of the Corps.

Do you agree to abide by the riding requiring for the status you are applying for? _____

Signature: _____ Date: _____

Parents' Signature (under 18): _____ Date: _____

Goshen Volunteer Ambulance Corps
PO Box 695. ♦ Goshen, New York 10924
Phone: (845) 294-9695 ♦ Fax: (845) 294--9291

Affidavit

State of New York)

County of Orange)

I, _____, being duly sworn, depose and say that:

I have not been convicted of a crime or pleaded nolo contendere to a felony charge involving murder, manslaughter, assault, sexual abuse, the robbery, fraud, embezzlement, drug abuse or sale of drugs. I have not been subject to a state or federal administrative order relating to fraud or embezzlement.

Sworn to me before this _____ Day of _____, 20_____.

Notary Public

ACKNOWLEDGEMENT, WAIVER AND AGREEMENT

As an applicant for membership, or a member of the Goshen Volunteer Ambulance Corps (GOVAC), I acknowledged that GOVAC is obliged under law to assure patients and the public that none of its members have been convicted of a crime or pleaded nolo contendere to a felony charge involving murder, manslaughter, assault, sexual abuse, theft, robbery, fraud, embezzlement, drug abuse or sale of drugs, or was subject to a state or federal administrative order relating to fraud or embezzlement, or is otherwise unworthy of the trust necessarily reposed by patients and public in the members of an emergency corps.

THEREFORE, I hereby waive any claim I might otherwise have against GOVAC, its members or officers arising out of any investigation GOVAC may conduct into my background or conduct to assure that I am worth of public trust, and I AGREE to immediately advise the President and Captain of GOVAC of any other these above offenses with which I am charged, or any other circumstances which would justly cause me to lose public trust of confidence, and I FURTHER AGREE in that event to immediately resign or place myself on distractive leave from all rights, duties, privileges and obligations until such time as the Commissioner of Health of the State of New York or his/her designee shall determine that my membership does not demonstrate a present risk or danger to patients or the public.

State of New York)

County of Orange)

On the, _____ day of _____, in the year 20 _____, before me, the undersigned, a notary public in and for said State, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person on behalf of which the individual acted, executed the instrument

NOTARY PUBLIC

Goshen Volunteer Ambulance Corps
Membership Status

Active Riding Member:

Age: 16
Hour Requirement: 30/Month

Driver Only:

Age: 21
Hour Requirement: 30/Month
*You must have a clean driver's license

Associate Member:

Hour Requirement: 10 calls/yr OR 50 hrs/yr
Weekend Hour Requirement: 0

- Must be a member of good standing of an emergency service agency (i.e.: Fire Dept., Police Dept., another EMS agency)
- Must be 21 or over to perform Driver Only duties
- 10 calls per year are required to be from accident scene hospital
- Standbys can be included in the 50 hours per year requirement