



Membership Application Information

Dear Applicant,

Thank you for your interest becoming a part of the Perinton Volunteer Ambulance Corps, Inc. By considering joining us, you are taking the first step toward continuing a tradition of service that began in 1965 and continues stronger than ever before.

This membership package contains several parts, including:

- Applicant information
- Background information
- Waiver & consent for background check
- Reference contact information

To begin the application process, please perform the following:

1. Print legibly in blue or black ink only.
2. Complete the application in full. Any incomplete application (with exception of optional information sections) will result in rejection.
3. If applicable (not required), please attach copies of any relevant EMS or medical certifications, including but not limited to CFR/EMT/AEMT card, CPR, ITLS, PHTLS, NIMS, CEVO, etc.

Completed application packets may be presented in person by visiting our base. We're located just north of the intersection of Turk Hill and Ayrault Roads next to the Town of Perinton office complex. You may also send applications via US Mail to: Membership Committee, c/o Perinton Volunteer Ambulance Corps, 1400 Turk Hill Road, Fairport, NY 14450.

Once your entire application packet and \$1.00 application fee (and first year's dues, if membership granted) have been received, a representative of the Perinton Volunteer Ambulance Corps Membership Committee will contact you to verify that we have received your application. Although applications are accepted throughout the year, interviews are only held periodically. This is to help maintain a manageable level of trainees, so we appreciate your patience. You will be contacted by a Membership Committee member once a round of interviews is being scheduled. Acceptance or rejection of an applicant is solely at the discretion of the Membership Committee. The Committee's decision is final with no explanation provided.

Any offer of membership will be conditional upon a minimum six (6) month probationary period

During this probationary period, membership may be terminated at any time with or without cause.

If you have any questions or concerns, please call (585) 223-4150 or send e-mail to membership@pvac.org.

Once again, thank you for considering membership with our organization. We look forward to hearing from you soon!

Sincerely,

The Perinton Volunteer Ambulance Corps, Inc. Membership Committee

PERINTON

VOLUNTEER AMBULANCE



CLASSIFICATION DESIRED
<input type="checkbox"/> Active (Dispatcher / Medic / Driver)
<input type="checkbox"/> Auxiliary (Administration / Maintenance)
<input type="checkbox"/> Explorer (Under 16 years of age)

PVAC OFFICE USE ONLY
Member # _____
Acceptance Date _____
ENTERED:
Database: _____
Red Alert: _____
PFolders: _____
MFolders: _____

Date: _____

Applicant Information

Name _____
First
Middle Initial
Last

Address _____
Street Address
Apartment / Unit #

_____ *City / Town* *State* *Zip Code*

Phone () () () _____
Home
Mobile
Other

E-Mail _____

Preferred Method of Contact				
E-Mail	US Mail	Home Ph	Mobile Ph	Other Ph

Emergency Contact _____ () _____
Name
Relationship
Phone Number

Are you at least 18 years of age (16 for Restricted Membership) Yes No
** If under age 18, you will need to provide a worker's permit*

Are you currently employed? Yes No

Employer _____

Location _____
City / Town *State*

Position _____ Supervisor _____

May we contact this company for a reference? Yes No



Background Information

Have you applied to or been a member of our organization in the past? Yes No

If "Yes," when? _____

If you are currently affiliated with another fire / rescue or EMS organization, please complete the following:

Name _____

Location _____
City / Town State

Title / Rank _____ Supervisor / Chief Name _____

May we contact this agency for a reference? Yes No

Please list the names and dates of service for any other law enforcement, fire / rescue, EMS, or hospital affiliations below

Current Certifications (if none held, leave blank).

Please attach copies of certifications as applicable. **You will be asked to present the original documents during interview**

CFR / EMT / AEMT _____
Level (e.g. EMT-B) State Certificate / License Number

CPR / First Aid _____
Level(s) (e.g. Professional Rescuer CPR, Basic First Aid, etc.) Recommended renewal date(s)

NIMS _____
(ICS-100, 700 required of all members, additional levels dependent upon position. Training available.)

Other _____
(CEVO / EVOC, ITLS / PHTLS, PEPP, GEMS, ACLS, PALS, etc.)



Background Information (continued)

IMPORTANT INFORMATION: *The New York State Emergency Medical Services Code (Part 800) states that candidates for EMS certification or re-certification must not have been convicted of felonies or certain misdemeanors in any federal, military, or state jurisdictions. See New York State Department of Health Policy Statement 02-02 for further details. This information can be found by visiting www.perintonambulance.org under "Membership".*

Have you ever been convicted of a felony or misdemeanor in any federal, military, or state jurisdiction?

Circle one Yes No

If you answered yes to this question, provide complete details in the space provided for "Additional Information."

Additional Information

Use this space for any additional information you may wish to provide regarding your application for membership with our organization, including education, skills, and/or training you feel would be beneficial to the membership.



Privacy Notification / Authorization for Background Check

WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED AND / OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING.

BY SIGNING THIS APPLICATION I HEREBY STATE THAT ALL QUESTIONS HAVE BEEN ANSWERED TRUTHFULLY AND WITHOUT OMISSION, AND I FURTHER AUTHORIZE THE OFFICERS OF THE PERINTON VOLUNTEER AMBULANCE CORPS, INC. TO CHECK ANY AND ALL OF THE ABOVE STATEMENTS WITH THE PROPER ENFORCEMENT AGENCY(S). I ALSO UNDERSTAND THAT WILLFUL FALSIFICATION OR OMISSION FROM THIS APPLICATION WILL SUBJECT IT TO IMMEDIATE REJECTION. IT IS FURTHER UNDERSTOOD THAT THIS APPLICATION WILL BE HANDLED IN ACCORDANCE WITH THE CIVIL RIGHTS ACT OF 1964 AND NO DISCRIMINATION WILL OCCUR DUE TO GENDER, RACE, RELIGION, CREED, NATIONAL ORIGIN, OR SEXUAL ORIENTATION.

In connection with my application to Perinton Volunteer Ambulance Corps, Inc., I understand background inquiries (Consumer Reports) may be requested by you, or on your behalf that will seek information as to my character, work habits (including oral assessments of my job performance, experience, and abilities), along with reasons for termination of past employment. Further, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, criminal record, civil matters, previous employment, professional licensing / certification, as well as other experiences.

I acknowledge that a telephone facsimile, scan, or copy of this release shall be valid as the original. This authorization is valid for any consumer report requested at any time during my tenure with Perinton Volunteer Ambulance Corps, Inc. This release is valid for all federal, state, county, and local agencies and school authorities. I understand that if Perinton Volunteer Ambulance Corps, Inc. takes an adverse action with respect to my application based in whole, or in part, upon any information in such consumer or investigative consumer report obtained from a consumer-reporting agency, Perinton Volunteer Ambulance Corps, Inc. will provide me notice of such adverse action, along with the name, address, and telephone number of the consumer reporting agency that furnished the consumer report, including a statement of my rights, as required by the Fair Credit Reporting Act.

PRIVACY NOTIFICATION:

THE PRIVACY PROTECTION LAW REQUIRES THAT YOU BE NOTIFIED OF THE FOLLOWING FACTS WHEN INFORMATION WHICH WILL BE MAINTAINED IN A RECORD SYSTEM IS COLLECTED FROM YOU:

- The authority to request and confirm personal information about you is found in Article 6 of the Executive Law
- The information obtained in this application:
 - Will be used to determine your qualification(s) for the position(s) for which you are applying
 - Will be maintained in your personnel file (if you become a member) or in our application file for a period of six (6) months (if you do not become a member)
 - Failure to provide information or authorization will result in your application being rejected from consideration
 - Will be maintained by the administration staff at Perinton Volunteer Ambulance Corps, Inc.
 - \$1.00 fee collected from all applicants* is utilized for administrative needs in acquiring necessary background information and reference verification.

**Explorer applications are exempt from fee.*

AGREEMENT:

If accepted as a member of the Perinton Volunteer Ambulance Corps, Inc., I agree to abide by all organizational bylaws, policies, procedures, and directives. I further understand that failure to adhere to these regulations may result in dismissal from the organization.

Applicant Signature _____

Printed Name _____

Date of Signature _____



Waiver and Consent to Background Check

To: Any Enforcement Agency
Re: Perinton Volunteer Ambulance Corps, Inc. (PVAC)

I am an applicant for membership with the Perinton Volunteer Ambulance Corps, Inc. I recognize that I may be called upon to operate a motor vehicle of / for Perinton Volunteer Ambulance Corps, Inc. and that I will require a valid New York State driver's license in order to do so.

I also recognize that if I am accepted for membership that I will be involved in the answering of emergencies. The attainment of such a position requires that an applicant be trustworthy and have high integrity.

Therefore, I realize it is necessary for the Perinton Volunteer Ambulance Corps, Inc. to request a police check of my records, both as to operation of a motor vehicle and as to any other record I may have with the law enforcement bureaus or departments of this State, or any other State, or the Federal Government.

I hereby waive any right I may have to prohibit the release of information with regards to a check of my records and consent that a search of any report as to any records of law enforcement authorities regarding me be made and turned over to an officer of the Perinton Volunteer Ambulance Corps, Inc.

Applicant's Signature _____ Date _____

Please print the following information legibly

Name _____
First Middle Initial Last

Date of Birth _____ / _____ / _____ Social Security Number _____ - -

Address _____
Street Address Apartment / Unit #

_____ City / Town State Zip Code

Phone () () ()
Home Mobile Other

Driver's License _____
Number State Expiration Date



References

1. As part of your application, you are required to provide three (3) references
2. References should be persons who have known you for at least two (2) years and may not be family members.
3. One (1) of your references may be a current employee or member of Perinton Volunteer Ambulance Corps, Inc.
4. Please select persons who will provide a fair and unbiased opinion of you.

*** To aid in the efficiency of our process, please ensure contact information is accurate ***

Reference Name: _____ How known? _____

Address _____
Street Address Apartment / Unit #

City / Town State Zip Code

Phone () () ()
Home Mobile Other

Reference Name: _____ How known? _____

Address _____
Street Address Apartment / Unit #

City / Town State Zip Code

Phone () () ()
Home Mobile Other

Reference Name: _____ How known? _____

Address _____
Street Address Apartment / Unit #

City / Town State Zip Code

Phone () () ()
Home Mobile Other