



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
- Three letter of reference forms

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.
4. Submit three (3) letters of reference, which are included in application packet

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, three letters of reference, 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 and explain the process from that point forward. **Following your interview, you will be provided with information for completion of a physical by WorkFit Medical.**

Any offer of membership will be conditional upon a six (6) month probationary period. During this probationary period, membership may be terminated at any time with or without cause. Following the probationary period, full membership may be granted following a vote of the Board of Directors.

If you have any questions or concerns, please do not hesitate to contact us by calling (585) 223-4150 and asking to speak with the Operations Manager or by sending an 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

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Background Information

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

If "Yes," when? _____

If applying for EMPLOYMENT and no positions are open at this time, would you consider active membership instead?

Yes No **NOTE:** If "no," your application will be held for a period of one year, at which point you will need to re-apply.

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.)



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 or 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 _____

PERINTON VOLUNTEER AMBULANCE CORPS, INC.

1400 Turk Hill Road Fairport, NY 14450 Phone: (585) 223-4150 Fax: (585) 223-7300 E-mail: membership@pvac.org

Last revision: 7/27/2011



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 _____ - _____ - _____
(OPTIONAL)

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) letters of reference.
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.
5. It is your responsibility to ensure these letters are provided directly to Perinton Volunteer Ambulance Corps, Inc.

INSTRUCTIONS

1. Attached to this application are three (3) blank "Letter of Reference" forms
2. Please provide one (1) of these forms to each person you wish to receive a reference from
3. Ask each person to complete the form and a) drop it off at our base, b) fax it to us, or c) send it via US Mail
4. Please ask each reference to complete their form as soon as possible. This will prevent delays in processing your application

Understand the intent of this process is for our Membership Committee to contact these individuals to discuss their recommendation.

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Letter of Reference Request

Dear Sir or Madam,

An applicant to the Perinton Volunteer Ambulance Corps, Inc. has requested that you provide a Letter of Reference on their behalf. The applicant is in the process of applying for membership with our organization, and believes you will be able to provide a fair and unbiased opinion of them so we may determine his or her suitability for membership.

Please complete this reference form at your earliest convenience. The applicant cannot be considered for membership until we receive this form from you. Once completed, please return this form directly to us via US Mail, fax, or dropping off in person at our headquarters. We're located at 1400 Turk Hill Road in Fairport next to the Town office complex. All information provided on this form will be held in the strictest of confidence.

Sincerely,

The Perinton Volunteer Ambulance Corps, Inc. Membership Committee

Applicant: _____ Your Name: _____

Your Phone: _____ Your e-mail: _____

In what capacity do you know the applicant: Friend Colleague Relative
 Other _____ I can't comment on this applicant

How long have you known this applicant? (Please specify months / years) _____

Do you understand the nature of the business Perinton Volunteer Ambulance Corps, Inc. is engaged in? Yes No

Do you recommend the applicant for membership at Perinton Volunteer Ambulance Corps, Inc?

Strongly Recommend Recommend Do not recommend No comment

Please explain why you recommend or do not recommend the applicant. Also, please indicate any additional comments as appropriate:

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