



P.O. Box 33 New City, New York 10956 (845) 639-7060

Dear Applicant,

Thank you for expressing interest in serving with the New City Volunteer Ambulance & Rescue Squad.

To begin the process of placing an application on file, we ask that you complete the following:

Please complete the Membership Application completely, sign it and return it to us with all of the required documents (EMS and CPR are listed under the attachments section):

- A copy of your resume (if available)
- A letter from Clarkstown Police Department verifying your clearance
- Signed application including authorization for background check
- Physical exam clearance form from your personal physician or Corps physician, including copies of all vaccination records

Upon receipt of your signed application, the Membership Committee will contact you to schedule an interview. Again, thank you for your interest and we look forward to meeting with you. Please feel free to contact us if you have any questions.

Sincerely,

The Membership Committee



APPLICATION FOR MEMBERSHIP

NEW CITY AMBULANCE CORPS & RESCUE SQUAD IS AN EQUAL OPPORTUNITY EMPLOYER

CONTACT INFORMATION

Name: _____

Mailing Address: _____

City, State, Zip: _____

Legal Address (if different): _____

Cell Phone: _____ Mobile Carrier: _____

Phone (secondary): _____ Email Address: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

POSITION DESIRED

Volunteer Paid EMT

When can you start? _____

Have you ever filled an application with us before? _____

EMS EDUCATION AND TRAINING

Current Level of Certification: CPR ONLY Certified First Responder EMT

New York State Certification Number: _____ Exp date: _____



FORMAL EDUCATION

High School _____ Graduated? Yes No

College/University _____ Degree Earned: _____

Other: _____

COVID-19 VACCINATION STATUS (required for membership)

1st Dose: _____ 2nd Dose: _____ 3rd Dose: _____

EMPLOYMENT

Beginning with your current employer, please list up to (3) consecutive employers.

Currently employed? Yes No

Job Title _____ Date Started _____ Date Left _____

Employer _____ Supervisor _____ Phone _____

Address _____

Brief Description of Duties _____

Reason for Leaving _____

May we contact for a reference? Yes No



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Currently employed? Yes No

Job Title _____ Date Started _____ Date Left _____

Employer _____ Supervisor _____ Phone _____

Address _____

Brief Description of Duties _____

Reason for Leaving _____

May we contact for a reference? Yes No

Currently employed? Yes No

Job Title _____ Date Started _____ Date Left _____

Employer _____ Supervisor _____ Phone _____

Address _____

Brief Description of Duties _____

Reason for Leaving _____

May we contact for a reference? Yes No

AMERICANS WITH DISABILITIES ACT

In order to perform the duties of the position for which you are applying, will you require an accommodation? (An answer in the affirmative will not disqualify an otherwise qualified applicant from employment) Yes No

BACKGROUND INFORMATION

1. Have you ever been convicted of a misdemeanor felony? Yes No
2. Are there currently any charges pending against you in court? Yes No
3. Do you have any physical, mental, health, drug or alcohol problems? Yes No



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4. Do you have any limitations that would prevent you from executing your duties in EMS? Yes No
5. Have you ever been removed or forced to resign from any organization? Yes No
6. Have you ever received a discharge from the US Military that was other than honorable? Yes No
7. Do you have any psychological conditions which may limit your ability to perform any aspect of any function as a member of the Corps? Yes No
8. Is there any information that you wish to share with the officers of the Corps that may affect your ability to adequately perform your duties and responsibilities for the Corps? Yes No
9. Have you ever been a plaintiff or defendant in a civil action? Yes No

If you have answered yes to any of the above questions, please explain below. Use additional paper or the reverse side of the application as needed.

DRIVING HISTORY

Do you have a valid New York State Driver License? Yes No Motorist ID Number:

_____ Expires: _____

List below any traffic violations, accidents, suspensions, or revocations in the last five (5) years

Date: _____ Description of Accident or Violation (include court location & fines)



EMS EXPERIENCE

Beginning with your current EMS Agency (if any), list up to three (3) consecutive places of service.

Currently associated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Title _____ Date Started _____ Date Left _____
Agency _____ Supervisor _____ Phone _____
Address _____
Brief Description of Duties _____
Reason for Leaving _____
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

COMMUNITY SERVICE/VOLUNTEER EXPERIENCE

Currently affiliated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Role _____ Date Started _____ Date Left _____
Organization _____ Supervisor _____ Phone _____
Address _____
Brief Description of Duties _____
Reason for Leaving _____
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No



PERSONAL REFERENCE

List three (3) personal references, not living with you or family, that have known you for at least three (3) years.

Name_____	How long acquainted_____	Phone_____
Address_____	City, State_____	Zip_____
How do they know you?_____		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name_____	How long acquainted_____	Phone_____
Address_____	City, State_____	Zip_____
How do they know you?_____		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name_____	How long acquainted_____	Phone_____
Address_____	City, State_____	Zip_____
How do they know you?_____		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

ATTACHMENTS

- Please submit legible photocopies of the following documents:
- New York State Drivers License
- CPR for Healthcare Provider (AHA or ARC)
- EMS Certificate
- Any other documents the applicant feels are pertinent



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APPLICANT'S STATEMENT AND BACKGROUND CHECK RELEASE

I certify that all information provided herein is true and complete to the best of my knowledge.

I hereby authorize New City Ambulance Corps & Rescue Squad to make any investigations of my criminal, motor vehicle, education and employment histories or any other related affairs as may be necessary in arriving at a membership/employment decision. I also release all personal from liabilities in responding to inquiries regarding my application.

In the event of membership/employment, I understand that upon discovery of false or misleading information in my application or during my membership/employment interview, may result in my discharge. I also understand that I am required to follow all rules, regulations, policies, procedures and job requirements of New City Volunteer Ambulance & Rescue Squad, and that failure to do so may result in my discharge.

In place of the original, I permit a copy of this statement to be used.

Signature of Applicant

Date

Printed Name of Applicant