



Town of Esopus Volunteer Ambulance Squad, Inc.
1 Cross Street
PO Box 910
Port Ewen NY 12466

Phone: (845)338-1788
Fax: (845)338-1788

Application for Membership

Greetings,

Thank you for your interest in joining the Town of Esopus Volunteer Ambulance Squad. Please read through the informational pages, before completing the attached application. Please note applications must be accompanied by cash, certified check or money order in the amount of \$20. This nominal fee is non-refundable and is included to offset the cost of the background check. We hope you understand the necessity of performing a background check on all potential applicants. Additionally, once accepted members are will be expected to pay annual dues (\$1 Social, \$3 Active/Junior Active).

There are three types of membership within our organization. Social, Active, and Junior Active. Each of these memberships will be explained in detail, as well as the roles associated with each. Volunteering is a time commitment, and we appreciate that you have considered donating your time to the community we serve. We have designed this application to be as informative as possible, however if questions arise that are not answered here, feel free e-mail our membership committee directly at esopusmembership@gmail.com or call us at the number listed above and ask that someone from the membership committee reach out to you!

Types of Membership:

Social: Social members support the agency in a non-active role. They do not respond to medical emergencies, however are invited to participate in trainings from an observation perspective. They assist in fundraising and may attend squad social functions as appropriate.

Junior Active: Junior Active members are members aged 16 and 17 who have parent or guardian permission. This level of member plays a limited role in responding to emergency calls, and must follow the direction of all Active members. Junior Active members are invited to train with the agency, and often transition to Active membership when they turn 18 years of age.

Active: Active members start out as Probationary members for a period of time that is generally around 6 months or so. They fulfill many different roles within the agency. These are the core membership. Active members are responsible for completing annual trainings, maintaining appropriate certifications consistent with the roles they choose to fulfill and are the lifeblood of our agency. Without a dedicated and robust Active Membership, our agency would be unable to provide this critical service to our friends and neighbors in the Town of Esopus. Active members generally can fulfill the following roles: Attendant, Driver, or EMT. An active member may be both a Driver and EMT.

At minimum all Active members are attendants, see the descriptions below for the information required of each role:



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Attendants (all active members):

- Ability to Lift 125 pounds
- Pass a background check successfully
- Complete an Affirmation of Moral Standards
- Maintain a Valid CPR for Professional Rescuer w/AED -provided in-house
- Complete annual HIPAA Awareness Training -provided in-house
- Complete annual Bloodborne Pathogen Training -provided in-house
- Submission of PPD Testing and Vaccination Intention/Declination Statement
- Be of upstanding moral character, represent the agency in a positive matter.

Driver

- Successfully Pass CEVO-III
- Complete in-house Driver Training Course

EMT

- NYS Certified at Emergency Medical Technician -Basic or Emergency Medical Technician – Paramedic level. Note: while operating with this agency EMT-P's are restricted to practicing at the EMT-B level as we are a BLS agency.
- EMT's are encouraged to complete an in-house Squad Leader Certification program allowing them to operate independently aboard an ambulance as an "EMT-in-Charge" of an ambulance. Once cleared as a Squad Leader, EMT's may function independently without a supervising Squad Leader.

As you can see, there are many options to become involved with our agency. We are seeking dedicated, who wish to give back to their community. We require that members commit about six hours per week to volunteering. We find this is a reasonable amount of time to ensure that members are able to become comfortable with our equipment, help others in a time of need, and insure that the time spent on training allows them to put what they learn into practice. If this sounds like you please complete the application and attach the information listed below to your application before submitting it in one of the ways outlined below. Thank you for your Interest!

We look forward to meeting you,
The Town of Esopus Volunteer Ambulance Squad Membership Committee

Please Attach:

Copy of your Driver's License
CPR Card (if applicable)
EMT Card (if applicable)
Vaccination record

Ways to Submit:

In Person: 1 Cross St., Ulster Park, NY
Snail Mail: PO Box 910, Port Ewen, NY 12466
Scan & E-mail: esopusmembership@gmail.com*
Note: We will need the original, please bring to your interview meeting when it is scheduled.



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Thank you for applying for membership with the Town of Esopus Volunteer Ambulance Squad, Inc. Please complete every section in its entirety. If additional space is needed, please attach a separate page of paper. Should you have any questions, please contact The Membership Committee as outlined above. The Town of Esopus Volunteer Ambulance squad is an equal opportunity agency, and, as such, does not recruit, and treat individuals without regard to their race, color, creed, national origin, marital status, or to the extent that it does not impair their ability to meet the requirements of their assigned duty, their mental or physical ability. Membership is contingent upon meeting all requirements, a clear background check, successful interview with the Membership Committee and a vote of the membership present and eligible to vote at the time of the reading of your application. Thank you for your interest!

Demographics and Personal History

Legal Name (First, Middle Initial, Last):		Sex: M F	
Nick Name:	Date of Birth:	Age:	
Street Address:			
Mailing Address (if different):			
Permanent Address (if different):			
Home Phone:		Cell Phone:	
E-Mail Address:		Social Security Number:	
Do you have a valid Driver's License? Yes No		Driver's License State, Number, & Expiration Date:	
Do you have any restrictions on your driver's license? If Yes, Please List:		YES NO	
Have you had any accidents or moving violations in the past (7) years? If Yes, Please List:		YES NO	
Have you ever been convicted of a crime? If Yes, please list:		YES NO	



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General Information

How were you referred to the Town of Esopus Volunteer Ambulance Squad?
What are you seeking to gain from this experience?
Please list any relevant skills or experience you feel may lend to your time with our agency?
What hobbies or interests do you have?
Have you ever been CPR Certified? YES NO Are you currently CPR Certified? YES NO Certification type? _____ Expiration Date? _____
Certification Held? <input type="checkbox"/> NYS Certified First Responder <input type="checkbox"/> NYS Emergency Medical Technician – Basic <input type="checkbox"/> NYS Emergency Medical Technician – Paramedic Expiration Date? _____
Status Applying for? <input type="checkbox"/> Social <input type="checkbox"/> Active <input type="checkbox"/> Junior Active
If Active, Are you Interested in <input type="checkbox"/> EMT <input type="checkbox"/> Driver

Education and Employment History

Name of High School Attended: Graduated? YES NO Highest Grade attended? 9 10 11 12
Name of College Attended: Graduated? YES NO Major?
Degree(s) Awarded:



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Name of College Attended: Graduated? YES NO Major?
Degree(s) Awarded:
Name of College Attended: Graduated? YES NO Major?
Degree(s) Awarded:
Current Employer: Job Title: Location: Supervisor: Job Duties? Dates: Are you Still Employed? YES NO May we contact this employer? YES NO
Previous Employer: Job Title: Location: Supervisor: Job Duties? Dates: Are you Still Employed? YES NO May we contact this employer? YES NO
Previous Employer: Job Title: Location: Supervisor: Job Duties? Dates: Are you Still Employed? YES NO May we contact this employer? YES NO
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Emergency Services Experience

Have you ever belonged to a Volunteer Ambulance or Fire Department? YES NO Have you ever been forced to resign, expelled, or resigned with charges pending? YES NO If yes, please explain:	
Agency: Position: Reason for Leaving: Supervisors Name: May we contact this agency? YES NO If No, please explain?	Dates of Service:
Agency: Position: Reason for Leaving: Supervisors Name: May we contact this agency? YES NO If No, please explain?	Dates of Service:
Agency: Position: Reason for Leaving: Supervisors Name: May we contact this agency? YES NO If No, please explain?	Dates of Service:
Agency: Position: Reason for Leaving: Supervisors Name: May we contact this agency? YES NO If No, please explain?	Dates of Service:

Emergency Contact

Name:	Relation
Street Address	Phone Number
Employer:	Alternate Phone Number



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Personal References

Include (3) references who are not members of the Town of Esopus Volunteer Ambulance Squad, Inc:

Name: Relationship: Address: Phone Number: Years Known: E-mail Address:
Name: Relationship: Address: Phone Number: Years Known: E-mail Address:
Name: Relationship: Address: Phone Number: Years Known: E-mail Address:

Sponsoring Members

Membership requires (2) Active members Sponsor you, please obtain their signatures prior to submitting this application.

1.)	2.)
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Affirmation

In signing this application, I affirm that all the information in this application is truthful, complete, and accurate. The information is not fabricated, nothing has been omitted or falsified. If any information is determined to be untrue, I understand that will constitute grounds for immediate dismissal. I hereby authorize the Town of Esopus Volunteer Ambulance Squad to conduct a background investigation necessary to determine if I am fit for the position for which I am applying. I further authorize this background check to include checking of references both those explicitly included in this application and those not. I release all parties from liability about the provision and use of such information.

I understand that the \$20.00 application fee which will be provided in Cash, Money order or certified check as part of the application process is a non-refundable fee regardless of if I am accepted into membership. I understand and agree that, if I become a member of this organization, I will abide by its rules and regulations, which I understand, are subject to change.

_____ /_____
 Applicant's Signature

____/____/____
 Date



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Junior Active Membership Parental/Guardian Consent

I give _____ permission to participate in activities as Junior Active Member of the Town of Esopus Volunteer Ambulance Squad. I understand that such activities are at the discretion and direction of Ambulance Squad officers and Senior Members. During activities my child will follow the directions of their membership.

During these activities including trainings, social activities, standby's and responding to various emergency calls, there is an inherent risk to personal safety despite the many personal safety measures that are implemented. I also realize that I may give special instructions and requests related to my child to any officer of the organization.

ACTIVITY LIABILITY RELEASE: It is understood and agreed that the undersigned shall not bring or cause to be brought any action due to any accident or personal injury to my child or property damage that might result from my child's participation in any Town of Esopus Volunteer Ambulance Squad, Inc sponsored activity or call, on or off the property, whether under the direct supervision of the squad, or members of a mutual aid agency. To restate, the undersigned agrees to accept full responsibility for my child's participation in any Town of Esopus Ambulance Squad related or sponsored activity and to hold harmless Town of Esopus Ambulance Squad, its membership, leaders and other members.

PROMOTIONAL RELEASE: I hereby consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction in which my child may appear. I understand that these materials are being used for a variety of reasons and may appear in social media and be used by the press.

MEDICAL RELEASE: I do give my permission for medical aid to be administered EMTs or hospital staff if the need arises. I authorize the officers of the Ambulance squad to consent to emergency transportation of my child in the event of a medical emergency.

Childs name:

Childs Date of birth:

Parents Name:

Parents Address & Cell Phone:

Alternate Emergency Contact: