

William Paul Faist Volunteer Ambulance Corps Inc.

**3 Red Schoolhouse Road
Chestnut Ridge, New York 10977**

Serving the Community Since 1977

APPLICATION FOR VOLUNTEER MEMBERSHIP

Date: / /

Last name: _____ First name _____ Middle name _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above) _____

Home Phone :(_____) _____ - _____

Cell Phone :(_____) _____ - _____

E-mail: _____ @ _____

Emergency contact information

Name: _____

Relationship: _____

Primary Phone Number: (_____) _____ - _____

Secondary Phone Number: (_____) _____ - _____

Employment

Name of Business: _____

Job Title: _____

Manager contact information

Name: _____ Phone Number :(_____) _____ - _____

Personal Information

Are you 18 years or older?

Yes No

Date of Birth: ____/____/____

Social Security number: ____-____-____

Credentials

Are you a NYS EMT Yes No

(If yes) NYS EMT Number: _____ Expiration date: ____/____/____

Are you CPR Certified: Yes No (if yes) Expiration date: ____/____/____

Please attach copies of your certifications

Driver License

Driver license number: _____ State: _____ Class: _____

Expiration Date: ____/____/____ **attach copy of Driver License**

1) Have you had any motor vehicle accidents in the past 3 years? Yes No

2) Have you had any moving violations in the past 3 years? Yes No

3) Have you had any points against your license in the past 3 years? Yes No

4) Has your driver's license ever been suspended or revoked? Yes No

If any of the answers were yes, please explain: _____

Background Information

- 1) Have you ever been convicted of a misdemeanor or 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
- 4) Have you ever been, or are you currently being treated for, any psychological or substance abuse issue?
Yes No
- 5) Do you have any limitations that would prevent you from executing your duties in EMS? Yes No
- 6) Have you ever been removed or forced to resign from any organization? Yes No
- 7) Have you ever received a discharge from the U.S. Military that was other than honorable? Yes No
- If any of the answers to the above questions were YES, please explain here. _____

- 8) Are you currently a member of any volunteer organization, such as EMS, FIRE, etc.? Yes No
(if yes, please provide a letter of recommendation from a senior officer in the organization)
- 9) Do you have any psychological condition which may limit your ability to perform any aspect of any function as a member of the Corp? Yes No
- 10) Have you ever been dismissed or been asked to resign by an employer/volunteer agency for any reason other than lack of work or other acceptable reason? Yes No
- 11) 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 as explained to you or for any other reason? Yes No
If Yes, describe: _____
- 12) Have you ever been a plaintiff or defendant in a civil action? Yes No

Past/Present Pertinent Medical History

Have you now or ever been treated for one or any of the following?

- ___ Diabetes ___ Recurrent Headache ___ Alcohol Use/Abuse
___ Hypertension ___ Back or Leg Pain ___ Medication Use/Abuse
___ Pulmonary Problems ___ Scoliosis/back injuries ___ Menstrual/GYN
___ Cardiac Condition ___ Seizure Disorder ___ Other: _____
___ Visual Problems ___ Emotional Disorder ___ Other: _____

I GIVE W.P. FAIST PERMISSION TO PROCESS ANY INFORMATION RELATING TO THIS APPLICATION.

WHEN ACCPTED, I WILL OBEY ALL RULES AND BY-LAWS OF THE ORGANIZATION.

Print Name _____ Date ___/___/___

Signature _____

References

Please list 4 references, such as friends, coworkers, classmates, etc., whom you have known for a minimum of 2 years. DO NOT list relatives, or more than one Faist member.

Reference 1

Name: _____
Cell Phone :(_____) ____ - _____ Home Phone :(_____) ____ - _____
Address _____ City _____ state _____ Zip _____
Relationship: _____ Years Known _____
Email Address _____ @ _____

Reference 2

Name: _____
Cell Phone :(_____) ____ - _____ Home Phone :(_____) ____ - _____
Address _____ City _____ state _____ Zip _____
Relationship: _____ Years Known _____
Email Address _____ @ _____

Reference 3

Name: _____
Cell Phone :(_____) ____ - _____ Home Phone :(_____) ____ - _____
Address _____ City _____ state _____ Zip _____
Relationship: _____ Years Known _____
Email Address _____ @ _____

Reference 4

Name: _____
Cell Phone :(_____) ____ - _____ Home Phone :(_____) ____ - _____
Address _____ City _____ state _____ Zip _____
Relationship: _____ Years Known _____
Email Address _____ @ _____

VACCINATION FORM

Name: _____ Date: ____/____/____

Address: _____

City: _____ State: ____ Zip: _____

Date of Birth: ____/____/____ Phone: _____

Please list any allergies you may have: _____

Current Medications: _____

Medical Conditions: _____

Vaccination Data: (when last series completed)

DPT Diphtheria/Tetanus/Polio Date: _____

MMR Measles/Mumps/Rubella Date: _____

Hepatitis B Date: _____

Chicken Pox Date: _____

PPD Date: _____ (if positive, CXR date)

Titer Dates are acceptable (please list titer dates above and acknowledge)

Hepatitis B Vaccination Declination Statement:

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis-B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis-B vaccine, at no charge to me. However, I decline Hepatitis-B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis-B, a serious disease. If, in the future, I continue to have occupational exposure to blood, or other potentially infectious materials, and I want to be vaccinated with Hepatitis-B vaccine, I can receive the vaccination at no charge.

____/____/____

(Print Name)

(Date)

(Signature)

PERMISSION TO PERFORM BACKGROUND CHECK

I hereby authorize the W.P. Faist Ambulance Corps. to perform a check of my background, including:

- Criminal Record (LEADS, CANTS, Sheriff and Circuit Clerk, etc.)
- Driving Record
- Personal References
- Past Employment / Volunteer Status
- Educational / Professional Status
- And any other persons or sources as appropriate for the membership status for which I have expressed an interest

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for membership at W.P. Faist Ambulance Corps. Furthermore, I understand that information collected during this background check will be limited to that appropriate in determining my suitability for certain duties specific to my membership at W.P. Faist Ambulance Corps. and that all such information collected during the check will be kept confidential.

I hereby extend my permission to those individuals or organizations contacted — for the purpose of this background check — to give their full and honest evaluation of my suitability for membership at W.P. Faist Ambulance Corps. and such other information as they deem appropriate.

Print name: _____

Signed: _____ Date: ____/____/____

Witnessed: _____ Date: ____/____/____

FOR OFFICE USE ONLY

Date investigation submitted: ____/____/____ Date results received: ____/____/____

Submitted by: _____ Rec'd by: _____

Federal Driver’s Protection Act
Authorization to Obtain Motor Vehicle Report

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the state and federal regulations of compliance, I (print name) _____

Authorize the William Paul Faist Volunteer Ambulance Corps, to obtain my Motor Vehicle Record. I understand that this record may contain personal information* in addition to any/all driver violations and/or accidents which may be on record through the State of _____ Department of Motor Vehicles.

Signature of applicant _____

Date Signed: ____/____/____

Social Security Number _____ - _____ - _____

Driver’s License Number _____ State _____

Date of Birth _____/_____/_____

Street address _____

City _____ State _____ Zip _____

Mailing address if different _____

*Personal information means information that identifies an individual including an individual’s photograph, social security number, driver identification number, name, address, and telephone number.