



P.O. Box 36
WALWORTH, NEW YORK 14568
TELEPHONE: (315) 986-1123
WWW.WALWORTHFIRE-EMS.ORG

YOUR DONATION MAKES A DIFFERENCE!

APPLICATION FOR MEMBERSHIP

Please check desired membership category:

- Full / Active (Driver/Medic)
- Support / Active
- Junior / Active (under 18)

Official Use Only:

Date Received: _____

Membership Committee

Meeting Date: _____

Board Vote Date: _____

Applicant Contacted: _____

CONTACT INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Are you 18 years old or older? ____ yes ____ no (check one)

Are you a US citizen? ____ yes ____ no (check one)

Do you have a valid NYS driver's license? ____ yes ____ no (check one)

License Endorsements: _____

Conditions / Restrictions: _____

BACKGROUND INFORMATION: (not required for permanent members of WFD)

Have you ever had a different name? ____ yes ____ no (check one)

How long have you been a resident of this area? _____

Current Employer: _____

Employer Address/ Phone No.: _____

PREVIOUS EMERGENCY SERVICE EXPERIENCE:

Have you applied for membership to Walworth Ambulance Inc. or the Walworth Fire Department previously? (Circle one) yes no If yes, year: _____

List any previous EMS or fire affiliations.

Agency: _____ Contact Person: _____

Agency: _____ Contact Person: _____

Agency: _____ Contact Person: _____

Current or Previous Emergency Training (Attach copies of current cards)

- NYS EMT- _____ Expiration Date: _____
- NYS Certified First Responder Expiration Date: _____
- CPR (ARD or AHA) w/AED Expiration Date: _____
- Emergency Vehicle Operation Expiration Date: _____

REFERENCES:

WALWORTH AMBULANCE / WALWORTH FIRE DEPT. ACQUAINTANCES:

Name: _____

Name: _____

PERSONAL REFERENCES:

Please list three personal references that have known you for at least 3 years. Do not include persons related to you or your employer.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

MEDICAL INFORMATION:

Are you able to perform the physical and mental fitness tasks required in the emergency medical services (outlined on the next page) with reasonable accommodation (not being another person)? (Circle one) yes no

CERTIFICATION:

*Have you ever been convicted of a misdemeanor or felony?
(Circle one) yes no

*Do you have any pending arrests? (Circle one) yes no

*If yes, please attach a letter to this application explaining the details.

- Walworth Ambulance Inc. requires that you pass a physical examination before your probationary period has ended.
- Walworth Ambulance Inc. requires that you complete and sign a Hepatitis B Immunization form upon starting your probationary period.
- Walworth Ambulance Inc. requires that you complete and sign a sexual harassment form upon starting your probationary period.
- Walworth Ambulance Inc. requires that you submit an acceptable criminal record upon starting your probationary period.

I understand that failure to provide any of the above forms will be cause for rejection or dismissal.

Signature: _____ Date: _____

I hereby state that all of the above questions have been answered truthfully and without gross omission. I authorize Walworth Ambulance Inc. to check my references and/or all of the above with the proper law enforcement agency. I also understand that willful falsification or omission from this application will be cause for rejection or dismissal. It is further understood that this application will be handled in accordance with the Civil Rights Act of 1964 and no discrimination will occur because of age, sex, religion, race or national origin.

Signature: _____ Date: _____

Tasks of an Ambulance Volunteer

In order to serve in any of the following capacities, a person must be physically and mentally competent to perform the following tasks without jeopardizing his/her health or safety, or another's health or safety, due to health related conditions or physical or mental disabilities:

Emergency Vehicle Operator, Emergency Medical Technician, Scene Assistant

- a. Meet all standards imposed by the Dept. of Health/Bureau of Emergency Medical Services for Emergency Medical Technicians
- b. Hold a valid and current NYS drivers license without restrictions, unless such restrictions can be reasonably accommodated by Walworth Ambulance upon a case by case basis
- c. Hear voices at a reasonable audible level from the distance of 15', though use of a hearing aid is permissible
- d. Hear radio communications at a reasonable audible level 6" from the radio speaker, though use of a hearing aid is permissible
- e. See at least 100' without any significant impairment, though use of corrective lenses is acceptable
- f. See in low light situations
- g. Possess manual dexterity sufficient to deftly and skillfully apply all treatments and perform all tasks of an EMT of their level (if certified)
- h. See small details sufficient to deftly and skillfully apply all treatments and perform all tasks of an EMT of their level (if certified)
- i. Withstand varied environmental conditions such as extreme heat, cold and moisture for prolonged periods of time
- j. Lift 125 pounds by themselves, without assistance, above waste level
- k. Carry a patient of 250 pounds down 20 steps utilizing a non-mechanical stair chair
- l. Raise a stretcher and patient with a combined weight of 300 pounds into the ambulance, with one set of wheels in the ambulance, and with the ambulance level with the ground, and also at an inverse downward angle of ten degrees (such as on a downward hill)
- m. Bend, stoop and crawl without limitation on uneven terrain
- n. Bend, reach and flex so as to be able to lift and place objects
- o. Speak clearly so as to be understood
- p. Have the mental capacity to understand and competently deal with hazardous emergency situations
- q. Have the maturity to handle sensitive issues
- r. Have the mental capacity to make difficult choices in stressful conditions