Wallkill Volunteer Ambulance Corps Inc.
PO Box 221, 231 First Street, Wallkill, NY 12589 (845) 895-2601

Application for Membership

Name: _____ Date: ____/___/___

Current Home Address: _____

_____

Mailing Address (if different): _____

_____

Phone Number: _____

Cell Phone: _____ Carrier: _____

Email: _____

Membership Category Applying (circle):

1. **What position(s) are you initially interested in becoming qualified and perform?**
   ☐ **Emergency Medical Technician (EMT)** ☐ **Ambulance Operator**
   ☐ **Support**

2. **Have you reviewed the requirements for the position(s) which you are interested?(circle:)**

3. **Can you perform the functions for at least one of the positions in which you are interested, with or without reasonable* accommodation?**
   ** The Wallkill Volunteer Ambulance Corps Inc reserves the right to determine what is reasonable.*

4. **Are you at least 18 years of age?**

5. **Are you a citizen of the United States?**
   If NO, do you intend to become a citizen of the United States?
   If NO, do you have the legal right to remain permanently in the United States?
   If Yes to above, do you intend to reside permanently in the United States?

6. **Do you possess a valid NYS Driver License?**
   If NO, do you have an out-of-state license and applying for a NYS license?
   If NO, how do you intend to get to the station for drills, meetings, and emergency calls? *If necessary, please answer on another page and attach to this application.*
   _____

   _____

7. **How long have you lived at your present address? _____ years _____ months**
   List all your previous addresses for the last 2 years. *If necessary, please list them on another page and attach to this application.*
   Address From To
   _____
   _____

8. **How long have you lived in the Wallkill area? approximately _____ years**

9. **Do you intend to continually reside in the Wallkill area for the next 4 years?**
   If NO, will/are you attending college elsewhere, move often for work reasons, etc? *If necessary, please answer on another page and attach to this application.*

   _____

   _____

10. **What is your current employment and previous employment for the last 2 years?**
    Employer Address Position Dates

    _____

    _____

    _____

11. **Have you ever been convicted of or plead guilty to a felony?**
    If necessary, please provide a complete list as follows on another page and attach to this application.
    Provide offense convicted of: _____
    Date of conviction: _____
    How old were you at the time of conviction? _____
    Have you obtained a Certificate of Relief from Disabilities?

12. **Do you have any pending criminal charges?**

13. **Have you ever applied to and/or been a member of any other fire department or ambulance service, whether paid or volunteer?**
    If necessary, please list them on another page and attach to this application.
    NOTE: Please list the highest position held with that agency or the status of your application(s) as it was either "declined" or "withdrawn".
    Agency City, State Position or Status Dates

    _____

    _____

14. **Please list relevant certifications (with expiration dates), training or other skills, that may be relevant to performing this job and attach copies of all current cards/certifications:**

    _____
    _____
    _____
    _____

15. **Please provide three character references we may contact (not family):**
    Name Address Phone Relationship

    _____

    _____

    _____

16. **If a current member of Wallkill Ambulance referred you to apply, who was it?**

    _____

17. If not from a member how did you hear about Wallkill Ambulance? (Check all that apply.)

☐ **Open House** ☐ **Table Campaign** ☐ **Lawn Signs** ☐ **Large Banners**
☐ **Referral** ☐ **BBQ** ☐ **Media/Publication** ☐ **Other** _____

By signing below, I hereby certify that all of the responses are true and correct to the best of my knowledge. I understand that any omission or misrepresentation by me on this application may be cause for my rejection or expulsion. I also hereby consent to a full CRIMINAL BACKGROUND CHECK being conducted and the results be considered as part of my application.

_____ _____
Signature of Applicant **Date**

_____
Name of Applicant (Print)

_____ _____
Signature of Junior Corp Applicant Parent/Guardian **Date**

_____
Name of Junior Corp Applicant Parent/Guardian (Print)

OFFICE USE ONLY:

Board of Directors Interview Date: _____

Interviewed by: _____ _____ _____

_____ _____

Approved by Board, PROBATION begins Date: _____

Approved by Membership Date: _____
*May not be less than twelve months from probation date

Wallkill Volunteer Ambulance Corps
231 First Street, PO Box 221
Wallkill, NY 12589
(845) 895-2601, Fax (845) 895-2602
Established 1966

To whom it may concern,

This form is for the use of the Wallkill Volunteer Ambulance Corps, Inc. to show the following member has had a physical examination completed by their personal physician or physician of choice. The Ambulance Corps requests that this form be filled out and returned to the designated Health and Safety Officer for record keeping purposes.

The following examinations are required per the Ambulance Corps, in accordance with NFPA standards (NFPA 1582) and the Department of Transportation (DOT 649F). Please keep a record of this examination in your records for a minimum of seven (7) years.

These are requirements for our membership and the member listed shall meet the standards required based on the following:

- ☐ Riding Member (Emergency Medical Technician (EMT), Ambulance Operator, or Attendant):
  - ☐ Ability to lift, carry, and balance up to 125 pounds (250 with assistance)
  - ☐ Ability to bed, stoop, crawl on uneven terrain even in low light situations and confined spaces
  - ☐ Ability to withstand varied environmental conditions such as extreme heat, cold, and moisture
  - ☐ Ability to read, converse, and communicate effectively in English, both orally and in writing.
  - ☐ Is mentally fit to perform various Emergency Medical Services roles including using good judgment, remaining calm in high stress situations, and functioning efficiently without interruption.
- ☐ Social Member
  - ☐ Ability to read, converse, and communicate effectively in English, both orally and in writing.
  - ☐ Is mentally fit to perform various roles including using good judgment, remaining calm in high stress situations, and functioning efficiently without interruption.

Under 40	**40 and Over**
☐ Vitals (BP, Pulse, Respirations, Weight, Height) ☐ Vision Test ☐ Hearing Test ☐ Vaccinations (Tdap, Hep B, Fldu, Covid19) *if requested*	☐ Vitals (BP, Pulse, Respirations, Weight, Height) ☐ Vision Test ☐ Hearing Test ☐ EKG ☐ Vaccinations (Tdap, Hep B, Flu, Covid19) *if requested*

Patient Name: _____ Date: _____

Physician Name: _____

Location of Medical Records: _____
Please check one of the following:

- ▢ The patient/ member meets the requirements above
- ▢ The patient/ member DOES NOT meet the requirements above

I, a licensed physician, hereby certify that I have examined the individual named above. I find no reason he/ she should not be able to perform the essential functions involved in working as a Riding or Social Member as described above.

Physician Signature: _____