

PITTSFORD VOLUNTEER AMBULANCE



MEMBERSHIP APPLICATION

www.pittsfordambulance.org

Please list the names of any Pittsford Volunteer Ambulance members that you know:

Have you ever been a member of any Emergency Service Agency?

Yes No If Yes, where and what dates? _____

Supervisor/Chief: _____ Are you still with this agency? Yes No

Please list any past or present Emergency Service certifications held:

Please list any other special skills or interests you may have:

Are you currently employed?

Yes No If Yes, Name of Company _____

Address: _____

Phone #: (_____) _____

May we contact your employer as a reference? Yes No

Name: _____ Position: _____

Phone #: (_____) _____ Best time to call: _____

Do you have any physical, mental, or psychological impairment or disability that would interfere with the performance of your duties as Dispatcher, Medic or Driver? Yes* No

**If you answered 'Yes' to the above question, you must have a physical examination and a statement from your physician stating any restrictions or limitations in performing the duties of Dispatcher, Driver or Medic.*

Have you ever been convicted or plead guilty to a felony, a misdemeanor, or a reduction of one of these offenses? Yes* No **If 'Yes' give details below:*

ADDITIONAL INFORMATION

REFERENCES

Please list three personal (non-relative) or business references that have known you for at least three years.

Name: _____ Relationship to applicant: _____

Address: _____

Phone #:(_____) _____ Best time to call: _____

Name: _____ Relationship to applicant: _____

Address: _____

Phone #:(_____) _____ Best time to call: _____

Name: _____ Relationship to applicant: _____

Address: _____

Phone #:(_____) _____ Best time to call: _____

DISCLAIMER

All information contained and/or obtained herein will remain confidential and will be used only for internal membership processing. By signing this application I hereby state that all questions have been answered truthfully and without omission, and I further authorize the Membership Committee or officers of Pittsford Volunteer Ambulance to verify all of the above statements by any means including a criminal background check. I also understand that willful falsification or omission from this application will subject it to immediate rejection. If accepted as a member and information in this application is found to be inaccurate or incomplete, I could be subject to disciplinary action or expulsion. Acceptance or rejection of an applicant is solely at the discretion of the Membership Committee or officers of Pittsford Volunteer Ambulance. The decision is final with no explanation provided. It is further understood that Pittsford Volunteer Ambulance does not discriminate due to age, sex, race, religion, creed, national origin or sexual orientation. If accepted as a member of Pittsford Volunteer Ambulance, I understand that I must abide by the rules and regulations of the Corporation or my membership may be terminated.

Applicant Signature: _____ Date: _____

Printed Name: _____

FOR PITTSFORD VOLUNTEER AMBULANCE OFFICIAL USE ONLY:

Interview Date: _____ Accepted/Rejected: _____ Notified: _____ Signed: _____