VALHALLA AMBULANCE CORPS, Inc.
Serving the communities of Valhalla and North White Plains since 1961

ACTIVE VOLUNTEER APPLICATION: WHAT MEMBERSHIP MEANS

The Valhalla Ambulance Corps (VVAC) was chartered in 1961 to provide ambulance service to Valhalla and North White Plains as well as the surrounding areas. Currently we serve the Valhalla and North White Plains Fire Districts which include the Taconic, Bronx River, and Sprain Brook Parkways. VVAC also provides the fire companies with rehabilitation services. In addition, we have a mutual agreement to assist our neighboring communities if their own ambulances should become unavailable.

We ask that all members commit to a minimum of 16 hrs/month. We take our commitment seriously, and expect you to do the same. When scheduled for a duty shift, you are expected to be ready and able to respond to ambulance calls at any time during that shift. Should you not be able to fulfill your scheduled duty shift, it is your responsibility to find another member to cover that shift for you.

We hold regular Corps meetings on the second Tuesday of each month at 7:30 p.m. We urge you to be present at the meetings, training sessions, parades, and other special events when available. Communication is very important to us for shift scheduling, training and other important issues. We urge you to read all communications sent to you to keep up to date on the latest information.

We urge you to take advantage of training opportunities, such as CPR, First Aid, and EMT courses as they become available, whether offered by the Valhalla Ambulance Corpse, or by another organization.

Once you complete and turn in your membership application, you will be contacted by our Membership Committee for an interview. Upon being accepted by our Committee, you will be accepted to the Corps for a minimum probationary period of six (6) months. Throughout this period, the Membership Committee will evaluate your progress with you, the officers, and the members -- at which point one of three things will happen:

1. You will be presented for regular membership at the next regular meeting to be voted on by the members;
2. Your probationary period will be extended, indicating we have not had an adequate opportunity to evaluate your progress;
3. You will be informed that your services are no longer needed.

Complete and return this membership application, along with copies of

1. Your Driver's License (all parts)
2. Any current certifications and licenses
3. Your completed physical fitness form
4. All forms and affidavits signed and dated

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MEMBERSHIP APPLICATION (Active Volunteer)

PERSONAL DATA

Title (check one) ❒ Mr ❒ Ms Name:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Date of Birth: ___/___/___ Soc. Sec. No.: _____ Tel: _____ Cell: _____

Email:_____

Please check your preference of communications: ❒ Home Tel ❒ Cell ❒ Email

Driver's License ID #: _____ Exp. Date: _____/_____ State: _____

Are you a resident of Mt. Pleasant/North Castle? ❒ Yes ❒ No If so, how long? Yrs: _____ Mos: _____

EMPLOYMENT

Job Title: _____

Employer: _____

Street Address:_____

City:_____ State:_____ Zip:_____

Type of Business: _____ Bus. Phone: _____

EDUCATION

1. High School:_____

   Are you currently attending? ❒ Yes ❒ No Graduation date: _____/_____

2. College/University:_____

   Major Course of Studies:_____

   Are you currently attending? ❒ Yes ❒ No Graduation date: _____/_____

FOR OFFICE USE ONLY

Date application received: _____/_____/_____ Corps start date: _____/_____/_____

Rec'd by: _____ Ref'd by: _____

LICENSES OR CERTIFICATIONS (please enclose copies of supporting documents):

❒ **EMT**(B/CC/P) ❒ **CFR** ❒ **CPR** ❒ **Other**:_____

List any previous EMS experience below:

1. Location:_____ Date(s): _____
   Specific duties: _____
2. Location:_____ Date(s): _____
   Specific duties: _____
3. Location:_____ Date(s): _____
   Specific duties: _____

PROFESSIONAL/CHARACTER REFERENCES (cannot be family/friends)

Name:_____ Yrs/Mos. of Acquaintance: ____/____

Occupation:_____ Phone: _____

Name:_____ Yrs/Mos. of Acquaintance: ____/____

Occupation:_____ Phone: _____

Position Desired (check all that apply): ❒ **EMT** ❒ **Driver** ❒ **Assistant**

What days/nights and hours are you available to serve?

_____

EMERGENCY CONTACT

Name:_____ Relation: _____

Address:_____

Day Tel: _____ Night Tel: _____

What is your reason(s) for joining Valhalla Volunteer Ambulance Corps? _____

_____

How did you hear about us? _____

_____

Do you have any current or future plans which may limit your time to volunteer? ❒ Yes ❒ No

If so, when? _____

Please read and complete all other forms following this application.

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QUESTIONAIRE FOR ALL PROSPECTIVE MEMBERS

1. Do you have any physical condition which may limit your ability to perform any aspect of any function as a member of the Corp? ❒ Yes ❒ No
2. Are you able to lift **125** lbs? ❒ Yes ❒ No
3. 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
4. Have you ever been convicted of any moving violation as defined by the vehicle and traffic laws of the state? ❒ Yes ❒ No
5. Have you ever been convicted of driving while intoxicated (DWI or OUI), driving while impaired, or driving while under the influence of alcohol or any illegal drug or substance? ❒ Yes ❒ No
6. Have you ever been convicted of any crime other than a minor traffic violation or the crimes as indicated in question 4 and 5? ❒ Yes ❒ No
7. Are you presently under indictment or are you currently a defendant in any criminal proceeding? Have you ever been jailed? ❒ Yes ❒ No
8. Have you ever had any State-issued license, including but not limited to a driver license, revoked, suspended, or otherwise restricted for any reason? ❒ Yes ❒ No
9. 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
10. 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: _____

    _____
11. Are you now, or have you ever been, a volunteer member of any other ambulance or fire fighting organization and with whom? ❒ Yes ❒ No

    What level of training did you have?_____

    Why did you leave? _____

If you have answered YES to any of the questions from #1 to #10, please provide a detailed written explanation on a separate sheet of paper. All information will be held in the strictest of confidence. Any answer in the affirmative will not automatically preclude membership to the Corps but will be considered along with your application, references, and any other relevant information.

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MEMBERSHIP AFFIDAVIT

I, _____, fully understand my membership in the Valhalla Ambulance Corps may be cancelled at any time and for any reason by the majority vote of the Officers of the Valhalla Volunteer Ambulance Corps.

(print name)

If my membership is cancelled by such vote I will return all my equipment I received from the Valhalla Volunteer Ambulance Corps including but not limited to the key fob, pager, and uniform.

I specifically waive my right or cause of action I may have under the local State or Federal Laws or under the State and Federal Constitution against any Officer for voting to cancel my membership.

I have every intention to serve the Valhalla Volunteer Ambulance Corps in an honest, professional manner both to the job I will be performing and the people I will be working with, as well as the patient's we serve.

I certify that I have read this completed application, and that I am familiar with the expectations the Valhalla Ambulance Corps has of me. I agree to abide by the rules of the Corps, as set forth in the By-Laws and Policy and Procedure Manual. I further certify that the information given by me on the face of this application is correct to the best of my knowledge, and understand that any false statements are grounds for my disqualification from consideration for membership.

_____ _____

Signature Date

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PERMISSION TO PERFORM BACKGROUND CHECK

I hereby authorize the Valhalla Volunteer Ambulance Corps (VVAC) 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 VVAC.

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 VVAC 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 VVAC 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: _____

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PHYSICAL EXAM CERTIFICATION

PATIENT INFORMATION / MEDICAL HISTORY (to be completed by member)

Name:_____ Date of Birth: _____/_____/_____

Address:_____ Tel: _____

City:_____ State: _____ Zip: _____

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: _____

PHYSICIAN'S EXAMINATION (to be completed by medical doctor)

VITAL SIGNS: Blood Pressure:_____ HR:_____ Resp:_____ Pulse Ox_____

VISION: O.D.:_____ O.S.:_____ Corrective Lenses?_____

HEARING: A.D.:_____ A.S.:_____ Hearing Aid?_____

OTHER: Heart:_____ Lungs:_____ Abdomen:_____ G.I.:_____

G.U.:_____ GYN:_____ Skeletal:_____

COMMENTS: _____

I have examined the above named individual and find him/her ❒ fit ❒ unfit to serve on duty with Valhalla Ambulance Corps with the following restrictions:

_____ ❒ no restrictions

Physician's Official Stamp (below):

Physician's Name:_____

Physician's Signature:_____

Date of Exam:_____/_____/_____

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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

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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)