

# PITTSFORD VOLUNTEER AMBULANCE



## MEMBERSHIP APPLICATION

[www.pittsfordambulance.org](http://www.pittsfordambulance.org)

## General Information

Thank you for your interest in joining Pittsford Volunteer Ambulance. The following application will begin the process of becoming a member.

There are four positions available at Pittsford Volunteer Ambulance: Dispatcher, Second Medic, Driver, and First Medic. Previous experience or training is not required. Pittsford Volunteer Ambulance has specific training programs for each position. Training and assistance to obtain certifications will be provided for applicants who do not have the appropriate credentials.

Dispatchers are responsible for manning the base and maintaining communication with our emergency vehicles and the 911 Dispatcher. Applicants for this position must be at least 16 years old, or 15 years of age and an active member of the Explorer Post. Prior to becoming a Dispatcher, a member must be certified in Community First Aid, CPR for the Healthcare Provider, and have completed multiple other courses as required by the agency. Clearing to the position of Dispatcher generally takes three to six months.

Second Medics are trained to assist the First Medic and Driver in ambulance operations and patient care. All Drivers and First Medics must first clear as a Second Medic. Second Medics must be able to lift 125 pounds. Mandatory certifications include completion of a Responding to Emergencies (RTE) or NYS Certified First Responder (CFR) or NYS Emergency Medical Technician-Basic (EMT-B) course, as well as CPR for the Healthcare Provider and other courses as required by the agency. Members must be at least 16 years old to begin training as a Second Medic. Clearing to the position of Second Medic generally takes three to six months. It is expected that Second Medics will advance to train as a First Medic or Driver.

Drivers are responsible for driving the ambulance safely to and from the scene and assisting the First Medic with patient care. A Driver must first clear to the position of Second Medic. A course in emergency vehicle operations must also be completed within one year of clearing as a driver. Applicants generally must be 21 years of age to drive. Members who become First Medics and have three years of driving experience are also eligible to train as a Driver. Driver Training generally takes three to six months.

First Medics are responsible for the care of patients at an emergency scene. To become a First Medic, an applicant must be 18 years old, a cleared Second Medic, and hold a NYS EMT-B (or higher level) certification. Training as a First Medic generally takes six to nine months. EMT courses through Monroe County Community College are offered throughout the year, usually corresponding with the spring, summer, and winter semesters, with some courses overlapping between the winter and spring semesters. Classroom instruction lasts approximately 170 hours.

The above certifications are NOT required in order to be accepted as a member of PVA. Training can begin after becoming a member.

All active members, including those in training, are required to volunteer a minimum of 12 hours per month. We encourage members to work consistently and often, especially while training, to maintain and learn new skills. To meet the training timelines, especially for Second and First Medic Trainees, new members should be prepared to at least double the monthly hour requirement.

Pittsford Volunteer Ambulance makes a considerable investment in time to train new members. Therefore we seek members who are interested in long-term commitment.

### **Process**

Prospective members are selected based on the current needs of the agency and the potential for long-term association with our corps. Applicants are asked to consider the impact of the training requirements on their daily schedules prior to submitting the application.

Applicants with EMS experience, a current NYS EMT or CFR certification, or enrolled in an EMT course will be considered on a rolling basis. All other applicants will be considered bimonthly. An applicant will be notified within two weeks of receipt of the application and provided further instruction.

If the applicant is qualified, the Membership Chair will contact the applicant to schedule an interview. At the time of the interview, applicants will be asked to provide a social security number for the purposes of a criminal background check. The Membership Committee will make the final decision regarding the application. If an applicant is not qualified or if openings are not available, notice will be sent by mail. However, an explanation behind the outcome may not be provided.

Applicants must provide an e-mail address that will be used by the Membership Committee to schedule interviews. Communication at Pittsford Volunteer Ambulance is primarily through e-mail.

### **Application Instructions**

Complete the attached application. Include copies of any current Emergency Medical Services certifications. Additional information may be attached to the application, if necessary. Make sure the application is signed. Return the completed application to:

Attn: Membership Chairperson  
Pittsford Volunteer Ambulance  
40 Tobey Road  
Pittsford, NY 14534-1893

If there are any questions, please send an e-mail to [pvamembership@gmail.com](mailto:pvamembership@gmail.com) or call our Dispatcher at (585) 385-2401 and leave a message for the Membership Chairperson.

# Application for Membership

## PERSONAL INFORMATION

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_

Cellular #: (\_\_\_\_) \_\_\_\_\_ Do You Text? \_\_\_\_\_

How long have you lived at the above address? \_\_\_\_\_ (years) \_\_\_\_\_ (months)

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License # and Expiration: \_\_\_\_\_ State: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

## POSITIONS DESIRED

Dispatcher     Medic     Driver

*(These selections are NOT binding; they are to indicate your interests.)*

## **How Did You Hear About Volunteering at Pittsford Ambulance?**

PVA Members     Friends     Newspaper     Sign at our Location

Other: \_\_\_\_\_

## **When Are You Available to Volunteer?**

Winter     Spring     Summer     Fall

Weekdays     Weekends

Overnights     Mornings     Daytime     Evenings

Have You Previously Applied to Pittsford Ambulance?  No     Yes Date: \_\_\_\_\_

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, list all and what dates? \_\_\_\_\_

Supervisor(s)/Chief(s): \_\_\_\_\_

Are you still with this/these agency/agencies?  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 necessarily 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: \_\_\_\_\_