



Cornwall Volunteer Ambulance Corps

1 Clinton Street P.O. Box 151 Cornwall, New York 12518
(845) 534 -9510 Fax (845) 534-5832

All New Applicants Must Read and Initial Below

Welcome to all new Cornwall Ambulance Corps membership applicants! We deeply appreciate your interest.

It needs to be understood that COVAC is a 24/7/365 service organization not a “club” or a “society” that can be joined for the simple sense of membership. We say this frankly to spare you the substantial effort of completing the requirements of this membership application if this is something of which you aren’t aware.

If you are accepted as a probationary member of COVAC you will be assigned a shift, after training, as a vehicle operator or attendant. This shift will be six (6) hours long. It will be a minimum once a month, however we prefer once a week. All shifts are scheduled in six hour blocks; 12 Midnight to 6 AM, 6AM to 12 Noon, 12 Noon to 6 PM and 6 PM to 12 Midnight. This assigned shift will be continual year-round, including holidays, not simply during a spring or summer vacation, on occasional weekends or at a member’s convenience.

You will be required to immediately drive yourself to ambulance headquarters to respond to all emergency calls during your duty shift. If you don’t drive you need to have someone fully available to provide you transportation to ambulance headquarters. However, if you wish you may stay at the ambulance bay during the full time of your duty shift. (we have a comfortable lounge with bunk beds a computer terminal with internet access, cable HDTV and a fully stocked kitchen)

We have no way to make use of well-meaning volunteers who “would like to help when I have time” or who “can come down to the ambulance bays when I’m not busy” Please be aware that if you go through the effort of filling out this membership application, you are, if accepted as a probationary member, committing yourself to a rigorous but rewarding experience.

COVAC sincerely hopes you are up to this challenge!

I have read and understand the above requirements: _____ ◀ Initial Here

Cornwall Volunteer

Ambulance Corps



Membership Application

Instructions for Completion of Membership Application

1. An application must be fully completed to be considered. This includes;
 - A. Membership application (4 page document with all required signatures)
 - B. Personal Reference Request. You must complete the addressing of the reference request then sign it and date it **DO NOT SEND THESE REQUESTS ON YOUR OWN**. The reference requests must be returned with the application.
 - C. Legible photocopies of all necessary documents must be provided. (Drivers license, social security card, NYS Dept of Health Certification card, valid CPR card and any other pertinent documents)

2. Mail the completed application with reference requests and photocopies to:

Cornwall Volunteer Ambulance Corps
c/o Membership Committee
P.O. Box 151
Cornwall, NY 12518



Cornwall Volunteer Ambulance Corps

P O Box 151
Cornwall, NY 12518

Official Use Only
Date Application Received: _____
Date of Interview: _____
Date of Vote: _____
Accept / Rejected

Membership Application

please read all instructions carefully before completing application

Personal Information

Full Name: _____ Date: _____

Address: _____

Home Phone: (____) _____

E- Mail Address: _____

Cell Phone: (____) _____

Alt. Phone: (____) _____

Date of Birth: _____

Social Security Number: _____

Emergency Contact: _____ Relationship: _____

Address: _____

Phone No: (____) _____

Are you a citizen of the United States? YES NO

If No, are you authorized to live/work in the United States? YES NO

Have you ever been convicted of anything more then a violation: YES NO

If Yes, please explain: _____

Position Desired

Have you ever applied to this organization and been rejected? YES NO If Yes, When? _____

Have you been a member of this organization prior? YES NO If Yes, When? _____

Position you are applying for:
 Riding Member
 Associate Member

Previous Medical Training

CPR: EMT: Lifeguard MD/PA:
First Aid: Paramedic: RN/LPN: Other: _____
Current level of NYS DOH Certification: CFR: EMT: EMT-I: EMT-CC: EMT-P:
NYS DOH Certification Number: _____ Expiration Date: _____
Month & Year Certification Obtained: _____
Has your EMS Certification suspended or revoked: YES: NO: If yes attach explanation.

Physical Limitations

Describe any physical limitations that you may effect your ability to function on an ambulance crew (i.e.- heart condition, hearing loss, back problem, ect...)

NOTE If you are applying for a position riding on the ambulance you will be expected to assist in lifting objects and patients and balance both. Additionally you may require a physical medical exam by our Doctor that will be paid by the corps

Driving Record

Do you posses a New York State Driver's License? YES: NO: Other State: _____
Driver's License No. _____ Expiration Date: _____
List any traffic violations accidents, suspension and/or revocations during the past 36 months:

DATE	VIOLATION / ACCIDENT (describe)
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NOTE: Each year it is required that all members authorized to operate vehicles for COVAC are required to have their license reviewed by the Cornwall Police Department. By signing this application you agree that the corps review your driving history prior to your application being approved.

Occupation

Company: _____ Phone No. (____) _____
Address: _____
Job Title: _____ Supervisor: _____
Job Responsibilities: _____

Education

School	Address	Dates Attended	Graduated
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>
College			YES <input type="checkbox"/> NO <input type="checkbox"/>
Other			YES <input type="checkbox"/> NO <input type="checkbox"/>

Reference

List the names of ,address and phone numbers of three personal references who are not related to you.

_____	_____	_____
Name	Address	Phone
_____	_____	_____
Name	Address	Phone
_____	_____	_____
Name	Address	Phone

Special Skill/Training

Required Documentation

Submit photocopies of the following documents with your application

1. NYS Drivers License
2. Social Security Card
3. NYS DOH EMT Certification (if applicable)
4. Current CPR Card (if applicable)
5. Any other pertinent documents

MEMBERSHIP NON-DISCLOSURE AGREEMENT

In consideration of being elected a member of the Cornwall Volunteer Ambulance Corps, the undersigned member hereby agrees and acknowledges:

1. That during the course of my membership there may be disclosed to me certain confidential information consisting but not necessarily limited to:

(a) Technical information: Response times, Patient information and data specific to premise histories, meetings that review protocol and SOP development; Financial issues and methods, computer programs and information. Any and all information covered under The Health Insurance Portability and Accountability Act of 1996 (HIPAA).

2. I agree that I shall not during, or at any time after the termination of my membership with the Corps, disclose or divulge to others including the media, any confidential information, or any other data of the corps in violation of this agreement.

3. That upon the termination of my membership from the Corps:

(a) I shall return to the Corps all documents and property of the Corps, including but not necessarily limited to: radios, pagers, medical equipment, badges, uniform items reports, manuals, correspondence, computer programs, and other materials and all copies thereof relating in any way to the Corps business, or in any way obtained by me during the course of membership.

I further agree that I shall not retain copies, notes or abstracts of the foregoing.

(b) The Corps may notify any third party of the existence of this agreement, and shall be entitled to full injunctive relief for any breach.

(c) This agreement shall be binding upon the Cornwall Volunteer Ambulance Corps and Myself

Print Name

Signature

Date

COVAC Membership Committee

Date

DISCLAIMER & SIGNATURE

Cornwall Volunteer Ambulance Corps is voluntary service organization which provides emergency care to the community in times of accident or when other medical services are needed. At the time our services are rendered the people, their relatives to who services are rendered are generally in vulnerable physical condition and emotional states.

Our constitution requires that membership be "...open to anyone of good moral character..." (Article II, section 1) Accordingly, in order to abide by the requirements of our constitution, an investigating agency may be asked to provide an investigative report containing information on your character, general reputation, personal characteristics or mode of living, including criminal convictions, if any, obtained through personal interviews with neighbors, friends, associates or others with whom you are acquainted.

Under the federal fair credit reporting act of 1970, you may request in writing the disclosure of the nature and scope of the report referred to above, if any.

I certify that the foregoing statements are accurate and complete to the best of my knowledge. I understand that I am subject to dismissal if any information provided by me is found to be false. I further understand that my membership is contingent upon satisfactory reference information whatever obtained, and the corps evaluation of the results of a probationary period.

I hear-by authorize the release to the CORNWALL VOLUNTEER AMBULANCE CORPS any personal information and/or records concerning civil or criminal matters heretofore or hereafter occurring that affect me.

PRINT NAME

SIGNATURE

DATE

*PARENTS SIGNATURE
(IF APPLICAT IS UNDER THE AGE OF 18)*



Cornwall Volunteer Ambulance Corps

1 Clinton Street P.O. Box 151 Cornwall, New York 12518
(845) 534 -9510 Fax (845) 534-5832

Dear Sir or Madam;

The below named applicant has applied for membership in the Cornwall Volunteer Ambulance Corps and has given your name as a personal reference. Please complete the attached form and return it in the envelope provided. Your evaluation will be kept in strict confidence.

Sincerely,

Membership Chairperson
Cornwall Volunteer Ambulance Corps

Applicant completes this section

TO _____

Re: _____
Applicant's Name

I authorize you to release any and all pertinent information regarding my personal/professional relationship with you and I understand that Cornwall Volunteer Ambulance Corps. will hold such in strict confidence. Thank You.

Applicant's Signature

Date



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Date



Membership Application Worksheet: *For Membership Committee Only*

Date Application Received & Reviewed: _____

Date of Applicant Interview: _____

Date References mailed out: _____ All returned

NYSPIN License Check: Class: _____ Valid Suspended Revoked

Client ID #: _____ Expires: _____

Date of First Reading: _____

Comments: _____

Date of Second Reading: _____

Comments: _____

Date Voted: _____ Accepted Rejected

Comments: _____

Date of Orientation _____

Uniform Voucher Issued:

Radio # and/or Pager # Issued _____

Personal Information entered in to Data Base Date: _____

General Comments: _____
