



Haverstraw Ambulance Corps, Inc.
 160 North Route 9W
 Haverstraw, NY 10927
 (845) 947-5500



Membership Application

February 2013

DATE: _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ MI: _____
 Date of Birth: _____ Social Security Number: _____

CONTACT INFORMATION

Street Name: _____ Apt/Suite _____
 City _____ State _____ Zip Code _____
 Mailing Address (if different) _____
 Home Phone: _____ Work Phone: _____
 Mobile #: _____ E-mail: _____

POSITION(S) APPLYING FOR (Circle):

EMT Driver Helper Non-Riding Junior Corps (if under 18 years old)

GENERAL INFORMATION

Are you a citizen of the United States? ___ Yes ___ No
 Do you have a valid New York State Driver's License? ___ Yes ___ No
 If yes, what is your Driver's License ID #: _____ License Class _____
 Have you ever been convicted of a crime? ___ Yes ___ No
 If yes, explain fully _____

Have you ever been a member of any ambulance corps, fire/rescue department, or service club?
 ___ Yes ___ No

If yes, where and when _____

Have you ever been removed from membership from any ambulance corps, fire/rescue department or service club? ___ Yes ___ No

If yes, explain _____

AVAILABILITY

Membership in our organization requires regular attendance and participation in Corps activities (meetings, training/drills, answering emergency calls if a riding member, etc). Scheduling is flexible and training is provided at no cost. Please check the time period that would best allow you to volunteer your time to help the Corps and the community.

Weekdays: _____ Days _____ Evenings _____ Nights

Weekends: _____ Days _____ Evenings _____ Nights

EDUCATION

High School: _____

College: _____

Have you ever been trained in CPR? _____ Yes _____ No

Are you CPR Certified? _____ Yes _____ No Exp. Date: _____

Are you a certified NYS EMT? _____ Yes _____ No Exp. Date: _____

If yes, where did you receive the training? _____

Please note any other medical training, skills and/or certifications _____

Have you taken a Defensive Driving Course? _____ Yes _____ No Date: _____

Have you taken EVOC or CEVO? _____ Yes _____ No Date: _____

EMPLOYMENT HISTORY

Are you currently employed? _____ Yes _____ No

Please list your (3) three most recent jobs:

| |
|---|
| Company Name: _____ City _____ State _____ |
| Position / Type of Work: _____ Date Started _____ Date Left _____ |
| Immediate Supervisor: _____ Phone # _____ |
| Company Name: _____ City _____ State _____ |
| Position / Type of Work: _____ Date Started _____ Date Left _____ |
| Immediate Supervisor: _____ Phone # _____ |
| Company Name: _____ City _____ State _____ |
| Position / Type of Work: _____ Date Started _____ Date Left _____ |
| Immediate Supervisor: _____ Phone # _____ |

CONDUCT LETTER

Go to your local police department and request a letter of conduct.

Clearly print or type all information except signatures – False information will result in immediate expulsion from membership and may be a violation of law. HVAC does not discriminate on the basis of any reason prohibited by law.

REFERENCES

Provide three (3) references not related to you that we may contact.

| | |
|--------------------|-------------------------|
| Name: _____ | Address: _____ |
| City: _____ | State: _____ Zip: _____ |
| Phone: _____ | E-mail _____ |
| Years Known: _____ | |
| Name: _____ | Address: _____ |
| City: _____ | State: _____ Zip: _____ |
| Phone: _____ | E-mail _____ |
| Years Known: _____ | |
| Name: _____ | Address: _____ |
| City: _____ | State: _____ Zip: _____ |
| Phone: _____ | E-mail _____ |
| Years Known: _____ | |

AGREEMENT

I understand and agree to the following:

1. The information provided in the forgoing application is true and complete. I understand that any falsification, misrepresentation or willful omission of facts in this application shall be sufficient cause for refusal of membership or discharge from the Haverstraw Ambulance Corps.
2. I understand that I will be required to participate in an interview with the Membership Committee and be subject to applicable background checks as a part of this application process.
3. I acknowledge my obligation to abide by all rules, regulations and policies of the Haverstraw Ambulance Corps as defined in the Corps Constitution, By-Laws, and Standard Operating Procedures.

Print Name: _____ Applicant Signature: _____

Date: _____

PARENTAL CONSENT FOR JUNIOR CORPS APPLICANTS- under 18 years old:

Corps policy permits Junior Corps members to respond on ambulance calls until 10:00 pm on school nights and until Midnight on all non-school nights. I am the parent or legal guardian of this applicant. I have reviewed and approve this application. I give permission for the applicant to engage in Ambulance Corps authorized activities.

Print Your Name: _____ Date: _____

Parent/Guardian Signature: _____

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Hepatitis B Immunization
Consent/Declination

Name of member: _____

1. *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 offered the opportunity to be vaccinated with Hepatitis B vaccine, at no charge.*

I wish to receive the Hepatitis B vaccine series:

Signature

Date

2. *I decline the 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 series at no charge.*

I do not wish to receive the Hepatitis B vaccine at this time:

Signature

Date

Hepatitis B Vaccination Record

Hepatitis B vaccination series:

TYPE OF VACCINE: _____

1st Dose Date: _____

2nd Dose Date: _____

3rd Dose Date: _____

Signature of member

Date

Signature of records officer witnessing or receiving this document

Date



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Federal Driver's Protection Act
Authorization to Obtain Motor Vehicle Report

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance I authorize the Ducey Insurance Agency and the Haverstraw Ambulance Corps, Inc. to obtain my motor vehicle record. I understand that this record may contain personal information in addition to motor vehicle violations and/or accidents that may be on record in all fifty U.S. states from the Department of Motor Vehicles.

Print Name

Signature

Date

Records Inquiry Acknowledgement

I voluntarily hereby authorize the Haverstraw Ambulance Corps Membership Committee/Corps Officers/Directors to make inquiries into all of my records, including but not limited to criminal history, motor vehicle operation, employment, education and training history. I further authorize and give permission to the Corps to contact the references I designate in my application for membership to the Haverstraw Ambulance Corps. I understand that the information will be used for the purpose of my eligibility and standing as an acceptable candidate for membership in the Corps and the services the Corps provides to the community.

Print Name

Signature

Date



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Sexual Harassment Policy

Any type of sexual harassment is against the Haverstraw Ambulance Corps policy and may be unlawful. We firmly prohibit sexual harassment of any member or employee by another member or employee, supervisor or third party. Harassment of third parties by our members or employees is also prohibited. The purpose of this policy is not to regulate the morality of members or employees. It is to ensure that in the workplace, no member or employee is subject to sexual harassment. While it is not easy to define precisely what sexual harassment is, it may include: unwelcome sexual advances, requests for sexual favors, and/or verbal or physical conduct of a sexual nature including, but not limited to, sexually-related drawings, pictures, jokes, teasing, uninvited touching or other sexually-related comments. The conduct prohibited by this policy includes conduct in any form including but not limited to e-mail, voice mail, chat rooms, Internet use or history, text messages, pictures, images, writings, words or gestures.

Sexual harassment of a member or employee will not be tolerated. Violations of this policy may result in disciplinary action, up to and including termination. There will be no adverse action taken against employees who report violations of this policy in good faith or participate in the investigation of such violations. Any employee who feels that (s) he is a victim of sexual harassment should immediately report such actions in accordance with the following procedure. All complaints will be promptly and thoroughly investigated as confidentially as possible.

1. Any member, who believes that he/she is a victim of sexual harassment or has been retaliated against for complaining of sexual harassment, should report the situation immediately to any Executive Board member and complete a Standard Incident Report.
2. The Executive Board will investigate every reported incident immediately. Any member or employee, who has been found to have violated this policy, may be subject to appropriate disciplinary action, up to and including immediate termination.
3. The Executive Board will conduct all investigations in a discreet manner. The Executive Board recognizes that every investigation requires a determination based on all the facts in the matter. We also recognize the serious impact a false accusation can have. We trust that all members & employees will continue to act responsibly.
4. The reporting member or employee participating in any investigation under this policy has the Corps assurance that no reprisals will be taken as a result of a sexual harassment complaint. It is our policy to encourage discussion of the matter, to help protect others from being subjected to similar inappropriate behavior.

I agree to the following policy,

Print Name

Signature

Date

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Social Media Policy

Haverstraw Ambulance Corps, Inc. understands that some members/employees participate in social networking sites (e.g. Facebook, MySpace, Twitter, YouTube, LinkedIn) chat rooms, and create and maintain personal websites, including blogs. Haverstraw Ambulance Corps, respects members/employees' online social networking and personal Internet use. However, your online presence can affect Haverstraw Ambulance Corps, Inc. as your words, images, posts, and comments can reflect or be attributed to Haverstraw Ambulance Corps, Inc.

As a Member/Employee, you should be mindful to use electronic media, even on your own personal time, responsibly and respectfully to others. Because members/employees' online comments and postings can impact Haverstraw Ambulance Corps, Inc.'s reputation and good standing in the community we are bound to serve, Haverstraw Ambulance Corps has adopted the following guidelines that members/employees must observe when participating in social networking sites and/or engaging in other forms of Internet use on and off duty. It shall be considered a breach of acceptable Member/Employee conduct to post on any public or private website or other forum, including but not limited to discussion lists, newsgroups, lists, blogs, information sharing sites, social media sites, social or business networking sites such as LinkedIn, Facebook, or MySpace, chat rooms, telephone based group communications such as Twitter, or any other electronic or print communication format, any of the following:

1. Anything that may harm the goodwill or reputation of Haverstraw Ambulance Corps, Inc. or any disparaging information about Haverstraw Ambulance Corps, Inc.
2. Any disparaging, discriminatory or harassing information concerning any customer, employee, vendor or other person associated with Haverstraw Ambulance Corps, Inc. Haverstraw Ambulance Corps, Inc. policies prohibiting harassment apply online as well as offline.
3. Any confidential information, trade secrets, or intellectual property of Haverstraw Ambulance Corps, Inc. obtained during your membership/employment, including information relating to finances, research, development, marketing, customers, operational methods, plans and policies.
4. Any private information relating to a member, employee, or vendor of Haverstraw Ambulance Corps, Inc.

Social Media Policy- Continued

In compliance with applicable regulations of the Federal Trade Commission, members/employees endorsing Haverstraw Ambulance Corps products or services must disclose their membership/employment relationship with Haverstraw Ambulance Corps and must ensure that endorsements do not contain representations that are deceptive or cannot be substantiated. If you are speaking about membership/ job-related content or about Haverstraw Ambulance Corps, Inc. you must either clearly identify yourself as a Haverstraw Ambulance Corps member/ employee, or speak in the first person and use a disclaimer to make it clear that the views expressed belong solely to you. In addition, the following statement must be used, "The opinions expressed on this site are my own and do not necessarily represent the views of Haverstraw Ambulance Corps Inc."

This Policy applies regardless of where or when employees post or communicate information online. It applies to posting and online activity at work, home or other location and while on duty and off duty. Haverstraw Ambulance Corps, Inc. reserves the right to monitor and access any information or data that is created or stored using Haverstraw Ambulance Corps, Inc.'s technology, equipment or electronic systems, including without limitation, e-mails, internet usage, hard drives and other stored, transmitted or received information. Employees should have no expectation of privacy in any information or data (i) placed on any Haverstraw Ambulance Corps, Inc. computer or computer-related system or (ii) viewed, created, sent, received or stored on any Haverstraw Ambulance Corps, Inc. computer or computer-related system, including, without limitation, electronic communications or internet usage.

Members/Employees who violate Haverstraw Ambulance Corps, Inc. Social Networking Policy will be subject to disciplinary action, up to and including expulsion from membership or termination of employment. Members/Employees understand that any decision will be based on the evidence presented to the Board of Directors who shall be the final decision maker in such cases.

I agree to the following policy,

Print Name

Signature

Date



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Application Check List

Incomplete applications will be returned, and will delay the processing of your request to join the Haverstraw Ambulance Corps.

- ___ Application is complete and signed.
- ___ Letter of Conduct from your local Police Dept.
- ___ Training Certificates (if applicable):
 - A. EMT
 - B. CPR
 - C. Defensive Driving
 - D. CEVO/EVOC
 - E. Bloodborne Pathogens
 - F. ICS 100, 200, 700
- ___ Copy of Driver's License.
- ___ Parent or Legal Guardian Signature (if under 18).

Print Name

***Thank you for your interest in Haverstraw Ambulance Corps, Inc.
A representative of the membership committee will contact you for a verbal
interview.***

Visit our website at www.haverstrawems.org

MEMBERSHIP COMMITTEE USE ONLY

Application complete and reviewed by: _____ Date: _____

Application incomplete. Copy retained, app. returned _____

Copy provided to Membership Chairman. Received by _____

Senior Corps: background check was completed by _____

Comments: _____

Junior Corps- copy provided to Jr. Corps Advisor to process _____

Reference Checks- by who, date, and comments:

Reference # 1 _____

Reference # 2 _____

Reference # 3 _____

Interview conducted? _____ Yes Date: _____ _____ No

Comments: _____

Applicant is / is not recommended for membership.

Comments: _____

Date of presentation to Corps membership _____

Accepted: _____ Yes _____ No Comments: _____

Current Junior Corps Member:

Referred to Sr. Corps for membership on (date): _____

Accepted: _____ Yes _____ No Comments: _____