



Pittsford Volunteer Ambulance
Skilled hands. Cool heads. Caring hearts.

2014 Membership Application Package



www.pittsfordambulance.org



General Information

Thank you for your interest in joining Pittsford Volunteer Ambulance. Please read through the informational pages before completing the attached application.

There are four prime positions available at Pittsford Volunteer Ambulance: Dispatcher, Second Medic, Driver, and First Medic.

Previous experience or training is not required for the Prime positions; 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. Applicants for membership in PVA must be at least 18 years old; applicants younger than 18 will be referred to the Explorer program.

Dispatchers are responsible for manning the base and maintaining communication with PVA emergency vehicles and the 911 Dispatcher. Dispatchers are required to complete the following training programs:

- Either First Aid, Responding to Emergencies (RTE), NYS CFR or NYS EMT
- CPR for the Professional Rescuer (provided by PVA)
- HIPAA Awareness Training (provided by PVA)
- Introduction to Incident Command System (ICS-100) (online)
- Incident Command System for Single Resources and Initial Action Incidents (IS-200) (online)
- National Incident Management System (IS-700) (online)
- Bloodborne Pathogens Awareness (provided by PVA)
- Submission of the PPD Testing and Vaccination Intention/Declination Statement

Clearing to the position of Dispatcher generally takes one to three months.

Second Medics are trained to assist the First Medic and Driver in ambulance operations and patient care. Second Medics must be able to lift 125 pounds, and are required to complete the following training programs prior to clearing:

- NYS EMT-B
- CPR for the Professional Rescuer (provided by PVA)
- HIPAA Awareness Training (provided by PVA)
- Introduction to Incident Command System (ICS-100) (online)
- Incident Command System for Single Resources and Initial Action Incidents (IS-200) (online)
- National Incident Management System (IS-700) (online)
- Bloodborne Pathogens Awareness (provided by PVA)
- Submission of the PPD Testing and Vaccination Intention/Declination Statement
- Hazmat Awareness (online)
- Receipt of information regarding fit testing for a respirator
- Required MLREMS exams

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 to and from the scene, and assisting the First Medic with patient care. Drivers must be 21 years old with a valid driver's license (to be vetted by the insurance company), must be able to lift 125 pounds, and are required to complete the following training programs prior to clearing:

- NYS EMT-B
- CPR for the Professional Rescuer (provided by PVA)
- HIPAA Awareness Training (provided by PVA)
- Introduction to Incident Command System (ICS-100) (online)
- Incident Command System for Single Resources and Initial Action Incidents (IS-200) (online)
- National Incident Management System (IS-700) (online)
- Bloodborne Pathogens Awareness (provided by PVA)
- Submission of the PPD Testing and Vaccination Intention/Declination Statement
- Hazmat Awareness (online)
- Receipt of information regarding fit testing for a respirator
- Required MLREMS exams
- Completion of a classroom-based driving course (EVOC or CEVO)

Clearing to the position of Driver generally takes three to six months.

First Medics are responsible for the care of patients at an emergency scene. First Medics must be 18 years old, must be able to lift 125 pounds, and are required to complete the following training programs prior to clearing:

- NYS EMT-B
- CPR for the Professional Rescuer (provided by PVA)
- HIPAA Awareness Training (provided by PVA)
- Introduction to Incident Command System (ICS-100) (online)
- Incident Command System for Single Resources and Initial Action Incidents (IS-200) (online)
- National Incident Management System (IS-700) (online)
- Bloodborne Pathogens Awareness (provided by PVA)
- Submission of the PPD Testing and Vaccination Intention/Declination Statement
- Hazmat Awareness (online)
- Receipt of information regarding fit testing for a respirator
- Required MLREMS exams
- Completion of the PVA BLS Medication Protocol Exam
- Glucometer Training, unless documented as part of the EMT course
- Satisfactory completion of the MLREMS BLS Protocol Update Exam
- Satisfactory completion of the MLREMS Selective Spinal Immobilization Protocol Exam

Clearing to the position of First Medic generally takes six to nine months.

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 training 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, applicants holding a current NYS EMT or CFR certification, and applicants who are currently enrolled in an EMT course will be considered on a rolling basis; all other applications will be reviewed monthly.

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. Accepted applicants will be required to undergo (at no cost to themselves) drug screening and a pre-employment physical from PVA's approved provider.

All applicants will be notified by email of their acceptance status. PVA reserves the right to decline any application without explanation.

Application Instructions

Complete the attached application and reference sheet.

Please note that applications will not be accepted if references are missing.

Sign and return the completed application and copies of any current Emergency Medical Services certifications to:

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

Please direct all inquiries to Recruitment@pittsfordambulance.org or call our Dispatcher at (585) 385-2401 and leave a message for the Membership Chairperson.

Application for Membership

PLEASE FILL OUT COMPLETELY AND LEGIBLY

Personal Information

Date: _____

Full Name: _____

Street Address: _____ Apt: _____

City/Town: _____ State: _____ Zip Code: _____

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

Home Phone: () _____ Work Phone: () _____

Cellular: () _____ Do You Text? Yes No

E-Mail Address: _____

What's the best way to contact you? Text Home Phone Cell Phone Email

Date of Birth: _____

Drivers License No. and Expiration: _____ State: _____

Emergency Contact: _____ Phone: () _____

Relationship to applicant: _____

Position Desired

Dispatcher Medic Driver

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

How Did You Hear About Volunteering at Pittsford Ambulance?

Friends

PVA Members (Please List Names):

Newspaper

Sign at our Location

Q-Card

Other: _____

When Are You Available to Volunteer? (Check all that apply)

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Winter | <input type="checkbox"/> Spring | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall |
| <input type="checkbox"/> Weekdays | <input type="checkbox"/> Weekdays | <input type="checkbox"/> Weekdays | <input type="checkbox"/> Weekdays |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Weekends | <input type="checkbox"/> Weekends | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Mornings | <input type="checkbox"/> Mornings | <input type="checkbox"/> Mornings | <input type="checkbox"/> Mornings |
| <input type="checkbox"/> Daytime | <input type="checkbox"/> Daytime | <input type="checkbox"/> Daytime | <input type="checkbox"/> Daytime |
| <input type="checkbox"/> Evenings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Overnights | <input type="checkbox"/> Overnights | <input type="checkbox"/> Overnights | <input type="checkbox"/> Overnights |

Have you previously applied to Pittsford Volunteer Ambulance? No Yes

If yes, provide approximate date: _____

Have you ever been a member of any Emergency Service Agency? Yes No

If Yes:

Agency Name: _____

Are you still with this/these agency/agencies? Yes No

If No, please provide approximate date you left: _____

Positions held:

- Dispatcher Medic Driver

May we contact those 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 _____

May we contact your employer? Yes No

Supervisor: _____ 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:

What are your plans for the next 4 years?

What is your educational background?

Why should we accept you into membership?

References

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

Name: _____ Relationship to applicant _____

Phone:() _____ Best time to call: _____

Name: _____ Relationship to applicant _____

Phone:() _____ Best time to call: _____

Name: _____ Relationship to applicant _____

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: _____ ^