



AND



Volunteer Membership Application

Our Vision

To provide healthcare services and education in the communities we serve to reduce or mitigate the effects and impact of medical or traumatic emergencies.

Our Mission

To provide quality and timely Emergency Medical Services to all people in the greater Canandaigua region.

ABOUT US

Canandaigua Emergency Squad, Inc. is a not-for-profit organization dedicated to providing quality, compassionate emergency medical care to the residents of Canandaigua and surrounding communities, 24-hours a day, seven days a week. Dispatched by 9-1-1, our medics provide emergency and non-emergency transportation, emergency medical services and advanced life support to patients suffering from all levels of illness and injury. In 2015, we merged and extended our service through our E. Bloomfield Volunteer Ambulance division. This division is housed in the E. Bloomfield Fire Station and serves the Village of Bloomfield and Town of E. Bloomfield.

THE APPLICATION PROCESS

Thank you for your interest in joining us as a volunteer member. We look forward to meeting you during the application process. Please be patient as we conduct this process, as it may take up to several weeks before a decision is reached and you receive notification.

1. Please fill out the application completely, answering all questions honestly. Feel free to include additional paper if you require more space.
2. Upon receiving your complete application, a representative will contact you to schedule an interview.
3. Please attend your interview on time. During the interview, we will provide you with an overview of our expectations, general policy and procedure information that you may need, and answer any questions you may have. We will provide you with some familiarity of our philosophy and operations. You will also get to tour our facility. Generally, interviews are conducted at our Canandaigua Station.
4. While our membership committee reviews your application and conducts background information checks, we invite you to participate with us as an observer on a "ride-a-long" tour. This allows you to view the operations first hand prior to becoming a member, to help you decide if this organization fits with your interests and expectations.
5. You will be notified in writing of the decision on your application. If you are accepted for membership, you will be placed on probationary status as a member for a period of six months.
6. At the end of the six month probation, the Board of Directors will review your participation and training progress. If you have met the membership requirements, the Board will then remove you from probation status.



CLASSIFICATIONS OF MEMBERSHIP

Active EMS Members

If you are eighteen years of age or older and interested in helping to staff an ambulance as a driver, helper, or medic then this is the membership class you want to apply for. If accepted, you will need to successfully complete an approved Emergency Medical Services training course within one year of acceptance.

Auxiliary Members

If you are eighteen years of age or older and want to help in an area other than staffing an ambulance, then this is the class of membership you want to apply for. Auxiliary members help with building and grounds maintenance, administrative tasks, public relations, or other projects that we have. Additionally, members of first response agencies in the areas we serve can apply in this category to assist our ambulance crews at scenes without having to be an Active EMS Member.

Explorer Members

If you are between the ages of fourteen and twenty-one, you can apply to become an Explorer Member. Explorer members have applied for membership with Explorer Post 549 of the Boy Scouts of America and want to learn the ambulance trade and provide other assistance to the Squad. Members in this classification must also apply directly to the Explorer Post.

Application for membership as: (Check One)

Active EMS Member Auxiliary Member Explorer Member

Primary station:
 Canandaigua E. Bloomfield Both

PERSONAL INFORMATION

Name: Last _____ First _____ MI _____

Address: _____

City/State/Zip: _____

If less than 6 months at current address, please list previous address:

Phone: Primary _____ Secondary _____

Email: _____

Other Names: (if any) _____

Are you 18 years of age or older: Yes _____ No _____ If NO state your age: _____

Do you have a current, valid NYS Drivers License? Yes _____ No _____

CERTIFICATION INFORMATION

Please list all pertinent licenses and certifications that you may have:

Please list any other emergency service experience that you may have as well as affiliation dates and contact person with phone number:

REFERENCES

Please list three personal references, **other** than relatives, family members, and current members of Canandaigua Emergency Squad.

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

EMPLOYMENT

Are you currently employed? Yes _____ No _____

If YES, give employment information below. May we contact your organization for a reference?
Yes _____ No _____

Company Name _____

Address _____

Please indicate the times you would be available to participate in normally required activities (meetings, training, duty shifts, etc.):

Please list the names of any acquaintances or family members who are members of Canandaigua Emergency Squad or E. Bloomfield Volunteer Ambulance.

Have you ever served as a member of the United States Armed Forces? Yes _____ No _____

If YES, did you receive an honorable discharge? Yes _____ No _____

(Dishonorable discharge is not an absolute bar to membership. This and other factors will effect a final membership decision. If the above answer is NO, give complete details in the space provided for additional information.) ***In addition, please provide us with a copy of your DD-214.***

Have you ever been convicted or pled guilty to a felony, a misdemeanor, insurance fraud (including Medicare or Medicaid fraud), or a reduction of any of these offenses?

Yes _____ No _____

If YES, give complete details in the space provided for additional information.

Are you now or have you ever been under investigation, or had any disciplinary or remedial action taken or required by any professional licensing, certifying, or credentialing agency?

Yes _____ No _____

If YES, give complete details in the space provided for additional information.

As a condition of membership, all members are required to sign a confidentiality statement. Will you be willing to sign and enforce such a statement?

Yes _____ No _____

As a condition of Active EMS Membership, members are required to have a physical exam, updated immunizations, and be able to perform various physical tasks such as lifting and carrying ill or injured patients over uneven terrain in both extreme hot and cold environments (see NYS Functional Job Description of EMT/AEMT).

If applying for Active EMS Membership, are you willing to have a physical exam, and update immunizations by a Squad contracted health facility? Yes _____ No _____

If applying for Active EMS Membership, are you able to perform the tasks listed in the NYS Functional Job Description? Yes _____ No _____

What inspired you to apply for membership with Canandaigua Emergency Squad?

_____ Newspaper/Radio Advertisement _____ We provided care to you

_____ Other (please indicate): _____

_____ Referred by a current CES member (please indicate name): _____

Privacy Notification

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information which will be maintained in a record system is collected from you.

The information obtained will:

Be used to determine your qualifications for the position for which you are applying;

Be maintained in your personnel file (if you are accepted for membership) or in our application file for six months (if you are not accepted for membership).

Failure to provide the information or authorization will result in your application not being considered for membership. The information will be maintained by the Chief of Canandaigua Emergency Squad or his or her designee.

Canandaigua Emergency Squad/E. Bloomfield Volunteer Ambulance

233 North Pearl Street, Canandaigua, NY 14424

(585) 394-5860 FAX (585) 394-6365 www.canandaiguaes.org www.ebloomvolamb.org

Additional Information

Please list any additional information you feel is pertinent to your application, and any clarification on any answers you have given.

I understand that if I am accepted for membership and that at any future time it is found that any information provided by me is found to be false or inaccurate, I will be subject to immediate termination from the Squad. Within the Freedom of Information law, all information contained/or obtained herein will remain confidential and will be used only for internal membership processing.

On this ____ day of _____, 20____ I attach my signature affirming that the statements made herein are accurate and true under the penalties of perjury.

Signature of applicant: _____

If under age 18, Parent's/Guardian's Signature: _____



**Canandaigua Emergency Squad, Inc.
BACKGROUND INVESTIGATION AUTHORIZATION**

In connection with my employment or volunteer work with Canandaigua Emergency Squad, Inc. and E. Bloomfield Volunteer Ambulance (a division of Canandaigua Emergency Squad, Inc.), I understand that background inquiries may be requested by you, or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Further, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, criminal record, civil matters, previous employment, education background, professional licensing, as well as other experiences.

I acknowledge that a telephone facsimile or copy of this release shall be as valid as the original. This authorization is valid for any consumer report requested at any time during the tenure of my employment or volunteer work. This release is valid for all federal, state, county and local agencies and school authorities. I understand that I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of information concerning the nature and scope of this investigation. I also voluntarily release my date of birth for my own benefit and fully understand that age is not a consideration on assessing my qualifications for employment.

Print Name _____

DOB _____ Soc. Sec. No. _____

Driver's license # (if applicable) _____ State _____

Current Address _____ City _____ State _____ Zip _____

List previous addresses and names (*Maiden and/or aliases*) used during the past 7 years

Name (if applicable) Address City, State, Zip County

Applicant Signature

Date
