

BEACON VOLUNTEER AMBULANCE CORPS., INC.

APPLICATION FOR MEMBERSHIP

DATE: _____

APPLICANT'S NAME: _____
(First) (Middle) (Last)

AGE: ____ DATE OF BIRTH: _____ PHONE: _____

EMAIL ADDRESS: _____

HOME ADDRESS: _____

(Street) (City) (State) (Zip)

CURRENT OCCUPATION: _____

EMPLOYER NAME & ADDRESS: _____

(Street) (City) (State) (Zip)

HAS APPLICANT EVER BEEN AN AMBULANCE CORPS MEMBER? _____

IF SO, STATE NAME AND ADDRESS OF AMBULANCE CORPS:

(Street) (City) (State) (Zip)

ARE YOU A CERTIFIED EMT? _____ PARAMEDIC? _____
IF YES. INDICATE #, DATE OF EXPIRATION AND STATE OF ISSUE:
_____ Exp. _____ State _____

WHY DO YOU WISH TO JOIN THE AMBULANCE CORPS?

LIST TWO CHARACTER REFERENCES:

(Name) (Street) (City) (State) (Zip) (Phone)

(Name) (Street) (City) (State) (Zip) (Phone)

- Duty Time Minimum Requirements for active membership:
- Junior Membership will be for applicants from ages 15 to 17. The minimum duty time required is three (3) hours per week in the building.
 - Adult Membership will be for applicants with a minimum age of 18. The minimum duty time required is six (6) hours per week. There is also an expectation of the applicant to attend training sessions, meetings, drills, and work details. Some flexibility is available based on the applicant's schedule, however attendance is necessary to learn and practice essential skills of patient care, be familiar with our equipment, and test processes, protocols, & procedures to comply with various federal (i.e. National Incident Management Systems), state (i.e. NYS DOH BEMS), and local requirements.

In lieu of active membership, the Corps is looking for a limited number of adjunct members to fulfill specific agency needs. Please feel free to contact the Corps if you are interested in these positions.

I hereby apply for membership in Beacon Volunteer Ambulance Corps of Beacon, New York. If accepted into this corps, I promise to subscribe to and support the constitutional by-laws of the corps, follow all governing rules and regulations, and conduct myself in a manner becoming a corps member.

APPLICANT'S SIGNATURE: _____

PARENT (if under 18)

Print name: _____ Signature: _____

Medical Verification (required for active membership)

Affirmation below to be completed only by a licensed Medical Doctor, Doctor of Osteopathic Medicine (DO), Physician Assistant or Nurse Practitioner.

An active member must be able to effect care and transport of patients, sometimes requiring the ability to lift, carry and balance up to 125 pounds (250 pounds with assistance). The active member must be physically able to work in low light situations & confined spaces, and bend, stoop & crawl on uneven terrain.

I have examined _____(applicant) and believe that he/she is physically able to perform the duties required of an active member on an ambulance.

Signature: _____

Printed/typed Name: _____

NYS License #: _____

Address & Phone: _____

The below section is required only for adjunct applicants:

Please describe any of your administrative and other skills that may assist the Corps. Such skills may include but not limited to: Communication; Team/Teamwork; Problem Solving and Creative Skills; Initiative; Leadership; Commitment/Self-Motivation; Foreign Language; IT/Computer Skills; Willingness to Learn; Interpersonal Skills; Customer Service; & Flexibility. Also please let us know if you have skills in Numeracy (competence and understanding of numerical data, statistics and graphs) and/or Commercial Awareness (understanding business and how it affects the organization and sector).

COMPLETE ALL SECTIONS AND RETURN TO SECRETARY VIA MAIL OR HAND DELIVER TO ADDRESS LISTED BELOW.

INCOMPLETED APPLICATIONS MAY NEED TO BE RETURNED DELAYING THE PROCESS.

THANK YOU FOR YOUR INTEREST IN BECOMING A MEMBER OF THE ORGANIZATION.

**Mailing address:
PO Box 54**

**Physical address:
1 Arquilla Drive**

Beacon, NY 12508

Beacon, NY 12508