



**Lancaster Volunteer Ambulance Corps Inc.**  
**Post Office Box 164**  
**Lancaster, New York 14086**  
**Phone (716) 683-3282 Fax (716) 683-5466**  
**[www.lancasterambulance.org](http://www.lancasterambulance.org)**

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## Membership Application Instructions

Dear Applicant,

Thank you for applying for membership to the Lancaster Volunteer Ambulance Corps (LVAC). We were founded in 1953 as one of the area's first volunteer ambulance service in Western New York. The LVAC has been providing pre-hospital emergency care to the community for over 50 years, adapting to changes in the EMS field and embracing latest technologies.

Applicants must be at least 18 years old to become an active member of the LVAC. An Explorers Post is also available for those not meeting this minimum age requirement. Please contact the LVAC for details regarding this program.

All members are required to attend mandatory training sessions including, but not limited to, CPR, HAZMAT, Blood borne Pathogens, and Emergency Vehicle Operations. Drivers of LVAC apparatus are required to be at least 21 years old, have a minimum of three years licensed driving experience, have a current valid operators license, and a current Emergency Vehicle Operator's Certification. Attendants must be at least 18 years old and meet the minimum requirements dictated by the New York State Department of Health to administer emergency medical care.

The LVAC has two membership types:

### **1. Volunteer**

Applicants applying for a volunteer membership may apply for either a driver or an attendant position. Volunteers are not required to have any emergency medical services background. The LVAC can provide assistance in obtaining minimum training requirements. All volunteer members are required to perform a minimum of 16 hours of squad time per month.

### **2. Career Staff**

Applicants applying for career staff positions must meet minimum certification requirements. Career drivers are required to have a minimum certification of an EMT basic. Career staff attendant positions require at least an EMT-Intermediate Certification.

To become a member of the LVAC, your application must be voted on and approved by the board of directors for Career Staff and general membership for the Volunteer Staff at the monthly meeting. In order for an applicant to be voted on, an application and all supporting documentation must be submitted.

### **Required Documentation**

1. A completed LVAC membership application. Incomplete applications may be rejected or result in delays.
2. Three references that will be contacted.
3. A copy of your driver's license or state issued identification card.
4. A copy of any current EMS certifications. (i.e. CPR card, EMT, etc)
5. Successful completion of a "fit for duty" physical examination.
6. A scheduled LVAC ride along, consisting of a minimum of 8 hours to a maximum of 16 hours. The "ride along" can be split into 2 shifts (i.e. two shifts at four hours each). The scheduled "ride along(s)" must consist of at least two complete calls and be documented. "Code 4's" cannot be counted towards this requirement.
7. A separate work resume is required only for career staff applications.

### **Application Process**

Once the application and supporting documentation is received, a background check will be performed. Upon a successful background check, the applicant is called in for an interview with members of the LVAC Membership Committee. The documentation provided and the information gathered during the interview process is reviewed by the Membership Committee and a recommendation is provided to the Core. The recommendation can be to accept, reject or table your application. Applicants are voted on at the General Membership meetings, occurring on the second Sunday of every month. You will be contacted via postal mail or telephone with the results. If you do not hear anything in a month's time, please contact us.

### **Letters of Reference**

The LVAC Board of Directors requires three letters of reference for every applicant; one (1) personal and two (2) professional. The Membership Committee MUST receive these letters before your application can be considered. Your reference contact may not include family members.

If you have any questions, please contact the Membership Committee at (716) 683-3282, extension 15.

Sincerely,

The LVAC Membership Committee



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## Membership Application

\*\*\* Please print clearly. This is a confidential document.

Name (Last, First) \_\_\_\_\_ Date of Application: \_\_\_\_\_

Street Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address (if less than five years) \_\_\_\_\_

How long have you resided at your present address? Years \_\_\_\_\_ Months \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Social Security # \_\_\_\_\_

Drivers Lic. / State Issued ID # \_\_\_\_\_ DL State \_\_\_\_\_ DL Class \_\_\_\_\_

Membership Type Applying For  Volunteer  Career

Position(s) Applying For  
(choose from one list)

Volunteer	Career Staff	
<input type="checkbox"/> Driver	<input type="checkbox"/> Paramedic	<input type="checkbox"/> Full Time
<input type="checkbox"/> Attendant	<input type="checkbox"/> EMT-I	<input type="checkbox"/> Part Time
	<input type="checkbox"/> Driver (minimum EMT-B certification)	

Are you 18 years of age or older?  Yes  No

Are you legally authorized to work for the LVAC at this time?  Yes  No

Why do you want to join the LVAC? \_\_\_\_\_

Are you a previous member of LVAC? If Yes, when? \_\_\_\_\_

Do you agree to abide to a drug and alcohol free work place?  Yes  No

Can you meet all of the current job qualifications for a Basic Emergency Medical Technician, as stated by the New York State Department of Health? A copy of the job description can be viewed online at the following url: <http://www.health.state.ny.us/nysdoh/ems/pdf/srgemt.pdf> or provided to you by the LVAC as a separate document.  
If No, please list the accommodations you would request:

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Volunteer memberships only: Are you able to attend the General Membership meetings which are held on the second Sunday of every month at 19:00? If No, please explain

Have you ever been, or are you, a current member of any fire department? If yes, please supply the following information:

Name of fire department \_\_\_\_\_  
From / To Date(s) \_\_\_\_\_  
Offices Held \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Have you ever been, or are you, a current member of any ambulance service? If yes, please supply the following information:

Name of ambulance service \_\_\_\_\_  
From / To Date(s) \_\_\_\_\_  
Offices Held \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Have you ever been, or are you, a current member of any other emergency service not associated with a fire or ambulance service? If yes, please supply the following information:

Name of Service \_\_\_\_\_  
From / To Date(s) \_\_\_\_\_  
Offices Held \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Were you ever dismissed or discharged from any employment for any reasons other than lack of work or funds? If yes, please describe.

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Did you ever resign from employment rather than face dismissal? If yes, please describe.

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Have you ever received anything other than an honorable discharge from the armed forces of the United States? If yes, please describe.  Yes  No

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Have you been convicted of a criminal offense, other than a minor traffic infraction? (A conviction record will not necessarily be a bar to membership. Factors such as job responsibilities, age and time of offense, seriousness and nature of violation and rehabilitation will be taken into account.)  Yes  No  
 If yes, please describe:

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## Employment History

List employment history beginning with most recent position held.

Name of Company			
Address			
Phone Number			
Hire Date		Separation Date	
Position Held			
Duties			
Name of Supervisor			
Reason for leaving			
May we contact this employer	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of Company			
Address			
Phone Number			
Hire Date		Separation Date	
Position Held			
Duties			
Name of Supervisor			
Reason for leaving			
May we contact this employer	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of Company			
Address			
Phone Number			
Hire Date		Separation Date	
Position Held			
Duties			
Name of Supervisor			
Reason for leaving			
May we contact this employer	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Education

	Name & City, State of School	Graduate?	Major Subject	Degree, Diploma or Certificate
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Technical / Trade		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business		<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Current Certifications / Skills

- |   |  |
|---|--|
| <input type="checkbox"/> CFR<br><input type="checkbox"/> CPR – AHA / ARC<br><input type="checkbox"/> EMT – Basic<br><input type="checkbox"/> EMT – Intermediate<br><input type="checkbox"/> EMT – Critical Care<br><input type="checkbox"/> EMT – Paramedic<br><input type="checkbox"/> ITLS<br><input type="checkbox"/> PHTLS<br><input type="checkbox"/> PILS / PALS<br><input type="checkbox"/> ACLS<br><input type="checkbox"/> Other _____ | Expiration Date: _____<br>Expiration Date: _____<br>Expiration Date: _____<br>Expiration Date: _____<br>Expiration Date: _____<br>Expiration Date: _____<br>Expiration Date: _____<br>Expiration Date: _____<br>Expiration Date: _____ |
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## Instructor Certifications

- |   |  |
|---|--|
| <input type="checkbox"/> AHA / ARC CPR Instructor<br><input type="checkbox"/> ITLS Instructor<br><input type="checkbox"/> PALS Instructor<br><input type="checkbox"/> ACLS Instructor<br><input type="checkbox"/> PHTLS Instructor<br><input type="checkbox"/> County Preceptor<br><input type="checkbox"/> CLI<br><input type="checkbox"/> CIC | Expiration Date: _____<br>Expiration Date: _____<br>Expiration Date: _____<br>Expiration Date: _____<br>Expiration Date: _____<br>Expiration Date: _____<br>Expiration Date: _____ |
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Please detail any other medical training or experience that you have which has not already been noted.

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Please detail any other non-medical training or experience that may be a benefit to the LVAC.

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## References

The LVAC requires that you provide at least three references. The LVAC will contact your references and provide them with a Prospective Member Personal Reference Form to complete. We recommend that you follow up with your references to ensure that they have completed and mailed the form back to the LVAC. The letters of reference should be from people who you have known for at least one year. Select people who will provide a fair and unbiased opinion of you. Your application is not considered complete and cannot be voted on until all three of your references have been contacted and have each submitted the completed reference forms to the LVAC.

### Reference #1

Reference Name: \_\_\_\_\_  
Reference Address: \_\_\_\_\_  
Reference Phone #: \_\_\_\_\_  
Reference Secondary Phone #: \_\_\_\_\_  
Best Time To Call: \_\_\_\_\_  
Years known: \_\_\_\_\_

### Reference #2

Reference Name: \_\_\_\_\_  
Reference Address: \_\_\_\_\_  
Reference Phone #: \_\_\_\_\_  
Reference Secondary Phone #: \_\_\_\_\_  
Best Time To Call: \_\_\_\_\_  
Years Known: \_\_\_\_\_

### Reference #3

Reference Name: \_\_\_\_\_  
Reference Address: \_\_\_\_\_  
Reference Phone #: \_\_\_\_\_  
Reference Secondary Phone #: \_\_\_\_\_  
Best Time To Call: \_\_\_\_\_  
Years Known: \_\_\_\_\_

## Additional Comments

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## Affirmation

(Note: This statement must be signed and dated for your application to be considered.)

I affirm that the statements made on this application (including any attached papers) are true under penalties of perjury. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement, omission or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I authorize the LVAC to request from each reference any information that the LVAC deems necessary. If accepted into membership, I agree to abide by the Constitution, By-Laws, and all other rules, regulations and policies of the LVAC now in effect or later amended. I hereby give consent to the officers of the LVAC to conduct a Drivers License and Criminal History Check at ANY time of my membership through the Lancaster Police Department and forward said results to the President or Vice President of the organization. I understand that I will be in a probationary period for a minimum of one year. I also understand that there is no appeal to the denial of this application.

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Printed Name of Applicant

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Signature of Applicant

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Date