



Lancaster Volunteer Ambulance Corps, Inc.
P.O. Box 164
Lancaster, NY 14086
Phone (716) 683-3282
Fax (716) 683-5466
www.lancasterambulance.org

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 first volunteer ambulance services in Western New York. The LVAC has been providing pre-hospital emergency care to the community for more than 50 years, adapting to changes in the EMS field and embracing the 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 at (716) 683-3282, extension 18, 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 and have a minimum of three years licensed driving experience, a current valid operators license, a clean driving record, 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 required to have knowledge of the emergency medical services field; experience is a plus. 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 AEMT-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 or illegible applications will be rejected.
2. Three reliable references that will be contacted, and must return a letter of reference on the applicant's behalf.
3. A color copy of your driver's license or state-issued identification card.
4. A color copy of any current EMS certifications (i.e. CPR card, EMT, etc.).
5. Successful completion of a "fit for duty" physical examination at Health Works of Western New York.
6. A scheduled LVAC ride along, consisting of a minimum of eight hours to a maximum of 16 hours. The "ride along" can be split into two shifts of 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 toward this requirement.
7. A separate work resume is required only for career staff applications.
8. The passing of a drug test.
9. A \$10.00 application fee for the processing of the application and for new member uniform shirts. Money will be returned if the applicant is not approved for career staff or volunteer membership.

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 Corps. 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 by the LVAC secretary 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 personal and two 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, or email membership@lancasterambulance.org.

Sincerely,

The LVAC Membership Committee: Alli, Brian, Charlie, Mark, Paul, Polly and Tom



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Membership Application

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

Date of Application: _____

Name (Last, First): _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

How long have you resided at your present address? Years: _____ Months: _____

Previous Address (if less than five years at present address):

Home Phone: _____ Other Phone & Carrier: _____

Social Security Number: _____

Email Address: _____

Drivers Lic. / State-issued ID #: _____ DL State: _____ DL Class: _____

Membership Type Applying For:

- Volunteer
- Career

Position(s) Applying For:

Volunteer	Career Staff	
<input type="radio"/> Driver <input type="radio"/> Attendant <input type="radio"/> Dispatcher	<input type="radio"/> Paramedic <input type="radio"/> AEMT-I <input type="radio"/> Driver <i>(Minimum EMT-B Certification)</i>	<input type="radio"/> Full Time <input type="radio"/> Part Time

Please circle responses below:

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 the 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? YES NO

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>. It can also be provided to you by the LVAC as a separate document.

If no, please list the accommodations that you would request:

Volunteer memberships only: Are you able to attend the General Membership meetings which are held on the second Sunday of every month at 1900 hours? YES NO

If no, please explain:

Have you ever been a member, or are you a current member, of any fire department?

YES NO

If yes, please supply the following information:

Name of Fire Department: _____

From/To Date(s): _____

Offices Held: _____

Reason for Leaving: _____

Have you ever been a member, or are you a current member, of any ambulance service?

YES NO

If yes, please supply the following information:

Name of Ambulance Service: _____
From/To Date(s): _____
Offices Held: _____
Reason for Leaving: _____

Have you ever been a member, or are you a current member, of any other emergency service not associated with a fire or ambulance service? YES NO

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? YES NO

If yes, please describe:

Did you ever resign from employment rather than face dismissal? YES NO

If yes, please describe:

Have you ever received anything other than an honorable discharge from the armed forces of the United States? YES NO

If yes, please describe:

Have you ever been convicted of a criminal offense, other than a minor traffic infraction?

(A conviction 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:

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 and 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		

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

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. The name, address and phone number fields **MUST** be completed and legible, otherwise your application will be denied.

Reference #1

Reference Name: _____
Reference Address: _____
Reference Phone #: _____
Best Time to Call: _____
Years Known: _____

Reference #2

Reference Name: _____
Reference Address: _____
Reference Phone #: _____
Best Time to Call: _____
Years Known: _____

Reference #3

Reference Name: _____
Reference Address: _____
Reference Phone #: _____
Best Time to Call: _____
Years Known: _____

Additional Comments:

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 application and at ANY time of my membership through the Lancaster Police Department and forward said results to the President or Director of Operations of the organization. I also agree to a "fit for duty" physical exam as well as a drug test at Health Works of Western New York. 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.

Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____

LVAC New Member Check List

ALL OF THE FOLLOWING ITEMS MUST BE COMPLETED BEFORE AN INTERVIEW CAN BE SCHEDULED.

- **All three references are completed** (phone number and address must be completed and legible or your application will be sent back)
- **Completed Application** (All questions must be answered. Please write “I do not know” or “N/A” if you can’t answer the question.)
- **\$10.00 for your application processing and toward your new member shirt.**
- **All cards (Driver’s License, EMT Card, CPR Card, etc.) must be COLOR photocopied**
- **Ride along completed**

YOU WILL BE CONTACTED TO SET UP A TIME FOR YOUR INTERVIEW.

- **After your interview you will need to set up an appointment for your “fit for duty” physical and drug test.**

WE MUST HAVE YOUR HEALTH FORMS AND THE RESULTS OF YOUR DRUG TEST BACK OR YOUR APPLICATION WILL NOT BE VOTED ON.

We Look Forward to Meeting You,

The LVAC Membership Committee