

**VALATIE VOLUNTEER RESCUE SQUAD**  
**PO Box 242**  
**Valatie, NY 12184**  
**518-758-1221**

Dear Applicant:

Thank you for your interest in joining our team. Enclosed you will find a membership application and two reference forms.

Please fill out the application and return it to us at the above address or to our Chief of Operations Monday through Friday at the squad building. Also, please include a photocopy of your driver's license, social security card, and all certification cards (if you already have any).

There are two different types of membership at Valatie Rescue. First, you may apply to be an Active Member, which means that you would be actively working on the ambulance, responding to calls as either an Emergency Vehicle Operator or Emergency Medical Technician. Second, we have Associate Membership which allows for someone to join the Squad and participate in some way other than on the ambulance. For example, you may be interested in working with the Explorers, or you may have some other talent or skill which would be of use to the Squad. Please indicate in which type of membership you are interested.

Please give the enclosed reference forms to two different people, preferably one personal reference and one professional reference. Please give these people a stamped envelope and have them mail it directly to the attention of the Chief of Operations at the above address.

Again, thank you for your interest in our agency and we look forward to hearing from you.

Sincerely,

Valatie Rescue Squad  
Board of Directors

# VALATIE VOLUNTEER RESCUE SQUAD MEMBERSHIP APPLICATION

## Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Pager \_\_\_\_\_

Date of Birth \_\_\_\_\_

Soc. Sec. Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

## Employment Information

Current Employer \_\_\_\_\_

Address/Phone \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current Position \_\_\_\_\_

Current Supervisor \_\_\_\_\_

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Previous Employer \_\_\_\_\_

Address/Phone \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Previous Position \_\_\_\_\_

Previous Supervisor \_\_\_\_\_

## General Education Information

High School \_\_\_\_\_

Year Graduated \_\_\_\_\_

College \_\_\_\_\_

Degree/Year Graduated \_\_\_\_\_

Military Experience \_\_\_\_\_ Branch? \_\_\_\_\_ MOS: \_\_\_\_\_

Discharged? \_\_\_\_\_ When? \_\_\_\_\_

# VALATIE VOLUNTEER RESCUE SQUAD MEMBERSHIP APPLICATION

**EMS Training, if any.** (Please attach copies of all certifications)

- CPR
- EMT Information  
NYS # \_\_\_\_\_ Expires \_\_\_\_\_  
Year initially certified \_\_\_\_\_ Location of Course \_\_\_\_\_

Level of Certification:

- EMT
  - EMT-D
  - AEMT-I      REMO # \_\_\_\_\_
  - AEMT-CC      REMO # \_\_\_\_\_
  - AEMT-P      REMO # \_\_\_\_\_
  
  - ACLS
  - PALS
  - CPR Instructor
  - First Aid Instructor
  - ACLS Instructor
  - PALS Instructor
  - CLI    NYS # \_\_\_\_\_
  - CIC    NYS # \_\_\_\_\_
  - Other training/certifications (e.g. Farmedic)
- 
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**Position Applying for:**                      **Active**                      **Associate**

**If Associate, in what capacity would you like to volunteer?**

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**Availability:**

Please indicate when you would be available – check as many boxes as apply

- Days       Nights       Weekdays       Weekends

## **VALATIE VOLUNTEER RESCUE SQUAD MEMBERSHIP APPLICATION**

Do you have any medical conditions that would interfere with your ability to perform the required duties of a member of Valatie Rescue Squad? If yes, please explain.

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Has your license to drive been suspended or revoked, or have you been involved in any auto accidents in the last 5 years? If yes, please explain.

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Have you ever been convicted of any crime, other than traffic offenses? If yes, please explain.

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Have you ever been a member or employee of any other EMS or fire organizations? If yes, please list the organization, phone, and name of chief operating officer.

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Have you applied for membership/employment in this organization before? If yes, please list the results of that application, and if you were formerly a member/employee, list the dates of membership/employment and reason for separation.

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**VALATIE VOLUNTEER RESCUE SQUAD  
MEMBERSHIP APPLICATION  
REFERENCE FORM**

This section to be filled out by applicant:

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position applying for: Active      Associate

Type of Reference: Personal      Professional

This section to be filled out by reference:

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Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

In what capacity and how long have you known the applicant?

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What are the applicant's strong characteristics?

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What are the applicant's weak characteristics, if any?

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Has this applicant ever worked for you or with you? \_\_\_\_\_

If so, what was the relationship? \_\_\_\_\_

Would you hire or work with this applicant again? \_\_\_\_\_

Would you have any reservations about recommending that Valatie Rescue Squad, Inc.

hire this applicant? \_\_\_\_\_ If so, why? \_\_\_\_\_

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This reference material will be kept in the strictest of confidence. This information will not be shared with the applicant at any point during or after the hiring process. If a reference in person would be preferable, please call our Chief of Operations at 518-758-1221.

**VALATIE VOLUNTEER RESCUE SQUAD  
MEMBERSHIP APPLICATION  
REFERENCE FORM**

This section to be filled out by applicant:

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position applying for:   Active       Associate

Type of Reference:   Personal       Professional

This section to be filled out by reference:

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Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

In what capacity and how long have you known the applicant?

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What are the applicant's strong characteristics?

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hire this applicant? \_\_\_\_\_ If so, why? \_\_\_\_\_

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# **VALATIE VOLUNTEER RESCUE SQUAD MEMBERSHIP APPLICATION**

I hereby affirm that the above information is true and complete, and I realize that any fraudulent information may be considered sufficient cause for rejection or subsequent termination of employment.

I authorize investigation of my character references, driving record, criminal background, or any other matter contained in this application.

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Applicant's signature

Date