



## *Volunteer Ambulance Corp of Bath, NY, Inc.*

110 E. Steuben St., Bath, NY 14810

Phone: 607-776-3156 Fax: 607-776-8475

### Volunteer Application

**Thank you for your interest in volunteering here at Bath Ambulance!**

#### **WHO ARE WE**

**Bath Ambulance** is the only **volunteer** ambulance agency in Steuben County that is **staffed 24 hours a day, 7 days a week, and 365 days a year**. The staff consists of trained Emergency Medical Technicians and CPR/AED, Basic First Aid certified drivers from Steuben, Schuyler, Chemung and surrounding areas. We occasionally respond with the Rural Metro fly car when advance life support is needed. Our mission is to provide excellent pre-hospital care with professionalism, dedication, integrity and dignity to the community.

#### **WHAT WE OFFER**

- Many free training opportunities offered.
- Hands on experience
- A chance to work alongside medical professionals
- Use of facility while on duty. Our bunk house facility has a full kitchen, lounge area that includes cable and flat screen TV, computers with internet connections and four bedrooms. Our garage has three bays that can fit two ambulances each, meeting room and kitchen.
- Uniforms
- Monthly incentives to members.
- An annual awards banquet at which we recognize members who have been outstanding volunteers throughout the year.

#### **REQUIREMENTS FOR VOLUNTEERING**

- All applicants must pass a criminal and driving background check
- Have a valid New York driver license with no class A or less than two class B violations.
- Must be certified in CPR/AED and Basic First Aid (training will be offered).
- Must be able to work with the general public
- Applicants who wish to volunteer as an EMT must be currently certified as an EMT-B, EMT-I, EMT-CC or EMT-P.

#### **WHAT IS EXPECTED OF OUR VOLUNTEERS**

Volunteers are required to volunteer at least 12 hours a month and to attend at least 5 membership meetings throughout the year. We expect our volunteers to act professional at all times and to be in approved uniforms while on duty. Volunteers are asked to maintain living quarters and ambulances. Volunteers must be able to work with diverse personalities.



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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle Initial

Present Address: \_\_\_\_\_  
Number Street City State Zip

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you a US Citizen? ☐ YES ☐ NO

Have you ever volunteered here before? ☐ YES ☐ NO

If so, when? \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Do you have any friends or relatives that currently volunteer here? ☐ YES ☐ NO

If yes, whom? \_\_\_\_\_

How did you hear about our organization? \_\_\_\_\_

Have you ever been convicted of a violation of the law? ☐ YES ☐ NO

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of any offense involving health care fraud or patient abuse? ☐ YES ☐ NO

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**FALSIFICATION AND OMISSIONS WILL RESULT IN DISQUALIFICATION.**

Do you have a valid Driver License? ☐ YES ☐ NO

Class: \_\_\_\_\_ Issued by what State: \_\_\_\_\_ Driver License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last four years:

\_\_\_\_\_

Have you ever been convicted, or pled guilty or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended?

☐ YES ☐ NO

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**A conviction will not necessarily disqualify you from volunteering**



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## **CERTIFICATIONS**

PLEASE LIST ONLY CURRENT CERTIFICATIONS. PHOTOCOPIES NEED TO BE PROVIDED AT INTERVIEW.

	Certification Number	Expirations Date	Certifying Agency
CRP/AED			
Standard First Aid			
Certified First Responder			
EMT-Basic			
EMT-Intermediate			
EMT-Paramedic			
Other			

## **Employment History**

- 1) Employer: \_\_\_\_\_ Current Employer? ☐ Yes ☐ No  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
How Long? \_\_\_\_\_ Reason for leaving? \_\_\_\_\_
- 2) Employer: \_\_\_\_\_ Current Employer? ☐ Yes ☐ No  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
How Long? \_\_\_\_\_ Reason for leaving? \_\_\_\_\_
- 3) Employer: \_\_\_\_\_ Current Employer? ☐ Yes ☐ No  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
How Long? \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

EMS/FIRE/PROFESSIONAL AFFILIATIONS: \_\_\_\_\_

\_\_\_\_\_

Please list any other experiences, skills or qualifications that may pertain to volunteering here:

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



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## EDUCATION

### HIGH SCHOOL

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

Address: \_\_\_\_\_

Did you graduate? ☐ YES ☐ NO

Have you received your GED? ☐ YES ☐ NO

### COLLEGE/VOCATIONAL SCHOOL/OTHER

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

Address: \_\_\_\_\_ Major: \_\_\_\_\_

Did you graduate? ☐ YES ☐ NO

## Personal References

*List three persons that have known you for at least three years.*

	Name	Address	Phone	Years Known
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

## Availability

*Please list hours of availability*

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DAY	DAY	DAY	DAY	DAY	DAY	DAY
NIGHT	NIGHT	NIGHT	NIGHT	NIGHT	NIGHT	NIGHT

It is the policy of the Volunteer Ambulance Corps of Bath New York ("Bath Ambulance"), to provide equal opportunity without regard to race, color, national origin, creed, sex, sexual orientation, age, disability, marital status, and other reasons prohibited by law. **In signing this application, I affirm that to the best of my knowledge all statements on this application are true and complete without omission of any kind.**

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



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## AUTHORITY FOR RELEASE OF INFORMATION

Police Chief  
Chad R. Mullen  
Phone: 607-776-2175

To Whom It May Concern:

I authorize any authorized person of the village of Bath Police Department, the Steuben County Sheriff's Department, of the New York State Police bearing this release to obtain any information from schools, employers, criminal justice agencies, residential management agent or individuals relating to my activities.

This information may include but not limited to: academic, residential, achievement, performance, attendance, personnel history, disciplinary, arrest and conviction records. I hereby authorize any authorized person to release such information upon request to the bearer. I understand that the information released is for the official use by the Village of Bath Police and the Volunteer Ambulance Corps of Bath NY and may be disclosed in the fulfillment of official responsibilities.

I release any individual, including record custodians from any and all liability for damages of whatever kind in nature, which may result of compliance or any attempts to comply with this authorization. Should there be any question as to the validity of this release, you may contact me as indicated below.

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

Full Name Printed: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Maiden Name (if applicable): \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_