



SPRING HILL COMMUNITY AMBULANCE CORPS

48 BRICK CHURCH ROAD
SPRING VALLEY, NY 10977
(845) 354-3435 main ☒ (845) 354-0618 administration
(845) 354-3284 fax ☒ <http://www.springhillems.org>

APPLICATION FOR MEMBERSHIP

PERSONAL DATA

NAME _____
LAST FIRST MI

STREET ADDRESS _____

MAILING ADDRESS _____

HOME PHONE _____ WORK PHONE _____

PAGER/CELL _____ EMAIL _____

18+ YEARS OF AGE? ☒ YES ☒ NO SOC SEC NO _____

ALLERGIES _____ ☒ NONE

CURRENT OCCUPATION _____

NAME OF EMPLOYER _____

ADDRESS OF EMPLOYER _____

BACKGROUND

Have you ever been convicted of a felony?	☒ YES ☒ NO
Have you ever served in the armed forces of the United States?	☒ YES ☒ NO
Have you ever received a discharge from the armed forces of the United States that was other than honorable?	☒ YES ☒ NO
Have you ever been removed involuntarily from membership in another ambulance, fire, public safety service, fraternal organization, or service club?	☒ YES ☒ NO
Is there any reason why you could not safely perform all required membership duties without exposing yourself, other members, or the community at large to danger or harm?	☒ YES ☒ NO
Have you any medical condition that would prevent you from safely performing all required membership duties (including operating a motor vehicle)?	☒ YES ☒ NO

If any of the questions in this section were answered "yes", supply complete details here. Attach additional sheets if needed.

CLEARLY PRINT OR TYPE ALL INFORMATION EXCEPT SIGNATURES ☒ FALSE INFORMATION WILL RESULT IN IMMEDIATE EXPLUSION FROM MEMBERSHIP, AND MAY BE A VIOLATION OF LAW ☒ SPRING HILL DOES NOT DISCRIMINATE ON THE BASIS OF ANY REASON PROHIBITED BY LAW

EMERGENCY CONTACT INFORMATION

NAME _____ RELATION _____

ADDRESS _____

PHONE _____ ALT PHONE _____

ALTERNATE EMERGENCY CONTACT INFORMATION

NAME _____ RELATION _____

ADDRESS _____

PHONE _____ ALT PHONE _____

DRIVER LICENSE

CLASS _____ STATE _____ NUMBER _____

LIST ALL ACCIDENTS OF ANY KIND WITHIN THE PAST THIRTY-SIX (36) MONTHS

LIST ALL DRIVING CONVICTIONS WITHIN THE PAST TEN (10) YEARS

DESCRIBE IN DETAIL ANY RESTRICTIONS ON DRIVING ABILITY (LENSES, ETC.)

CERTIFICATIONS
ATTACH PHOTOCOPIES OF ALL CERTIFICATIONS

CERTIFICATE	AUTHORITY	CERT #	EXPIRES
CPR [LEVEL _____]	_____	_____	_____
CFR	_____	_____	_____
EMT [LEVEL _____]	_____	_____	_____
NREMT [LEVEL _____]	_____	_____	_____
OSHA/BLOODBORNE PATHOGENS	_____	_____	_____
HAZMAT	_____	_____	_____
CEVO/DEFENSIVE DRIVING	_____	_____	_____
EVOC/EMERGENCY OPERATION	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ARE YOU CURRENTLY A MEMBER OF ANOTHER AMBULANCE, FIRE, OR PUBLIC SAFETY SERVICE? YES NO

IF YES, ATTACH A LETTER OF RECOMMENDATION FROM A SENIOR OFFICER OF EACH SERVICE OR AGENCY. THE LETTER MUST SPECIFY HOW LONG YOU HAVE BEEN A MEMBER AND YOUR CURRENT STANDING WITH THE ORGANIZATION.

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REFERENCES

PROVIDE FOUR REFERENCES, NOT RELATED BY BLOOD OR MARRIAGE, WHO HAVE KNOWN YOU FOR FIVE YEARS OR LONGER
NO MORE THAN TWO REFERENCES MAY BE CURRENT MEMBERS OR EMPLOYEES OF SPRING HILL

NAME _____ PHONE _____

ADDRESS _____

RELATIONSHIP _____ YEARS KNOWN _____

NAME _____ PHONE _____

ADDRESS _____

RELATIONSHIP _____ YEARS KNOWN _____

NAME _____ PHONE _____

ADDRESS _____

RELATIONSHIP _____ YEARS KNOWN _____

NAME _____ PHONE _____

ADDRESS _____

RELATIONSHIP _____ YEARS KNOWN _____

SUPPLEMENTAL STATEMENT

I declare, subject to the penalties of perjury, that the statements made in this application (including any statements made in any accompanying attachments) have been examined by me, and to the best of knowledge are true and correct. Furthermore, I acknowledge the obligation on my part, if accepted for membership in the Spring Hill Community Ambulance Corps (henceforth 'the Corps'), to obey the rules and regulations of the Corps and submit to the authority of the elected officers of the Corps. In connection with the application, I authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services, financial institutions, doctors, hospitals, and employers, to release any and all information that they may have about me to any officer of the Corps as permitted by law, and release them from any responsibility or liability for doing so. Furthermore, I authorize the Corps to procure an investigative report about me. I understand that such report may contain information about my background, character, and personal reputation.

PRINT NAME _____ DATE _____

SIGNATURE _____

It is the policy of Spring Hill Community Ambulance Corps, Inc. that membership be based on merit, qualifications, and competence, and that membership decisions be made without regard to any party's race, color, age, sex, religion, national origin, citizenship, marital status, disability, veteran status, or any other basis prohibited by federal, state, or local law. This policy extends to every phase of the membership process including (but not limited to) recruiting, training, promotion, compensation, benefits, transfers, discipline, and expulsion.

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Consumer Report Disclosure and Release

Spring Hill Community Ambulance Corps

Disclosure and Release

As part of the employment or membership process, Spring Hill Community Ambulance Corps, Inc. ("the Corps"), will obtain a consumer report, which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living.

During the application process and at any time during the tenure of my employment or membership with the Corps, I hereby authorize ChoicePoint Workplace Solutions, Inc., on behalf of the Corps, to procure a consumer report, which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from courts' record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics, or mode of living.

Applicant Name

Applicant Signature

Social Security Number

Date of Birth



MVR Inquiry Disclosure and Release
Spring Hill Community Ambulance Corps

Disclosure and Release

In connection with my application for employment (including contract for services) or membership with Spring Hill Community Ambulance Corps:

I understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, license suspensions, and license revocations.

I authorize without reservation, any party or agency contacted to furnish the above-mentioned information.

I have the right to obtain information as to the name, address, and phone number of any agency providing such information. Furthermore, I may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for Spring Hill Community Ambulance Corps to procure Motor Vehicle Reports at any time during my employment, membership, or contract period.

Signature

Date

Print Name

Social Security #

Driver License #

State



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HEALTHCARE PROVIDER CERTIFICATION

PERSONAL DATA

COMPLETE THIS SECTION PRIOR TO PROVIDER VISIT - LEAVE NO ITEM INCOMPLETE

NAME _____
LAST FIRST MI

HOME PHONE _____ DATE OF BIRTH _____

ALLERGIES _____ ☎ NONE

VITAL SIGNS

PULSE _____ RESP _____ TEMP _____

BP _____ HGT _____ WGT _____

VISUAL ACUITY

WITHOUT GLASSES		WITH GLASSES	
RIGHT	LEFT	RIGHT	LEFT
/	/	/	/

KNOWN CHRONIC CONDITIONS OR OTHER MEDICAL RESTRICTIONS

PHYSICAL EXAMINATION

	UNREMARKABLE	COMMENTS/PERTINENT FINDINGS
EYES	Y	
EARS	Y	
NOSE	Y	
THROAT	Y	
NECK	Y	
LUNGS	Y	
HEART	Y	
ABDOMEN	Y	
BACK/SPINE	Y	
EXTREMITIES/ JOINTS	Y	
NEUROLOGIC	Y	
GENITALIA/ HERNIA*	Y	

*if indicated

PROVIDER CERTIFICATION

I have reviewed the candidate's medical history and performed a physical examination of the candidate, and my professional recommendation is as follows:

Y **CLEARED WITHOUT RESTRICTION.** There is no medical reason that the candidate should not:

- Lift, carry and/or balance 125 pounds (250 pounds with assistance)
- Remain unaffected by loud noises and/or bright or flashing lights
- Demonstrate good manual dexterity
- Bend, stoop, and/or crawl on uneven terrain
- Withstand variable environmental conditions, such as heat, cold, and moisture
- Work in low-light conditions or confined spaces

Y **NOT CLEARED.** The candidate is not recommended for work duty because:

SIGNATURE _____ PRINT _____

Y MD Y DO Y LNP Y PA

TEL NO _____ DATE OF EXAM _____