



An information Services Company

Date \_\_\_\_\_

**Canandaigua Emergency Squad, Inc.**

**BACKGROUND INVESTIGATION AUTHORIZATION**

In connection with my application for employment or volunteer membership with Canandaigua Emergency Squad, Inc., I understand that background inquiries are requested by you, or on your behalf that seek information as to my character, work habits, including oral assessments of my job performance, experience and abilities. Further, I understand and agree that you may request information from various federal, state, and other agencies, including public sources, which maintain records concerning my past activities relating to my criminal conviction record.

I acknowledge that a telephone facsimile or copy of this release shall be as valid as the original. This authorization is valid for any consumer report requested at any time during the tenure of my employment. This release is valid for all federal, state, county and local agencies. I understand that I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of information concerning the nature and scope of any investigation into my background.

Print Name \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drivers License # (if applicable) \_\_\_\_\_ State \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

List Previous addresses and names (Maiden and/or aliases) used during the past 7 years

Name (if applicable)	Address	City, State, Zip	County

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

# Canandaigua Emergency Squad Volunteer Membership Application



**Vision**

To provide prehospital healthcare services and education in the communities we serve to reduce or mitigate the effects and impact of medical or traumatic emergencies.

**Mission**

To provide quality and timely Emergency Medical Services to all people in the greater Canandaigua region.

## ABOUT US

Canandaigua Emergency Squad, Inc. is a not-for-profit organization dedicated to providing outstanding patient care to the community of Canandaigua and surrounding areas, 24-hours a day, seven days a week. Dispatched by 9-1-1, our medics provide emergency and non-emergency transportation, emergency medical services and advanced life support to patients suffering from serious illness and injury.

## THE APPLICATION PROCESS

Thank you for your interest in joining the volunteer members of the Canandaigua Emergency Squad (CES). We look forward to meeting you during the application process.

1. Please fill out the application completely, answering all questions honestly. Feel free to include additional paper if you require more space.
2. Upon receiving your complete application, a member of the CES membership committee will contact you to schedule an interview.
3. Please attend your interview on time. This meeting will be used to provide you with policy and procedure information that you will need, and to answer any questions you may have. During this time, we will try and provide you with some familiarity of CES Operations and a tour of our facility.
4. While the CES membership committee reviews your application and conducts background information checks, you may participate with the Squad as an observer. This allows you to view the operations prior to becoming a member, to help you decide if this organization fits your interests.
5. Once your application is accepted for membership, the Director will place you on probationary status as a member with Canandaigua Emergency Squad for a period of six-months.
6. At the end of the six-month probation period, the Board of Directors will review your status, attendance, and training progress. If you have kept current with your membership requirements, the Board will then vote to accept you into full membership with the Squad.

## Additional Information

Please list any additional information you feel is pertinent to your application, and any clarification on any answers you have given.

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I understand that if I am accepted for membership and that at any future time it is found that any information provided by me is found to be false or inaccurate, I will be subject to immediate termination from the Squad. Within the Freedom of Information law, all information contained/or obtained herein will remain confidential and will be used only for internal membership processing.

In witness whereof, this application has been subscribed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by the undersigned applicant who affirms that the statements made herein are true under the penalties of perjury.

Signature of applicant: \_\_\_\_\_

Parent's/Guardian's Signature if Under Age 18: \_\_\_\_\_

Witnessed By: \_\_\_\_\_

Have you ever been a member of the United States Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, did you receive a dishonorable discharge? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Dishonorable discharge is not an absolute bar to membership. This and other factors will effect a final membership decision. If the above answer is YES, give complete details in the space provided for additional information.)

Have you ever been convicted or pled guilty to a felony, a misdemeanor, insurance fraud (including Medicare or Medicaid fraud), or a reduction of these offenses?

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, give complete details in the space provided for additional information.

As a condition of membership, all members are required to sign a confidentiality statement. Will you be willing to sign such a statement? Yes \_\_\_\_\_ No \_\_\_\_\_

As a condition of Active EMS Membership, members are required to have a physical exam, updated immunizations, and be able to perform various physical tasks such as lifting and carrying ill or injured patients over uneven terrain in both extreme hot and cold environments (see NYS Functional Job Description of EMT/AEMT).

If applying for Active EMS Membership, are you willing to have a physical, and update immunizations by a Squad contracted health facility? Yes \_\_\_\_\_ No \_\_\_\_\_

If applying for Active EMS Membership, are you able to perform the tasks listed in the Functional Job Description? Yes \_\_\_\_\_ No \_\_\_\_\_

What inspired you to apply for membership with Canandaigua Emergency Squad?

\_\_\_\_\_ Newspaper/Radio Advertisement \_\_\_\_\_ Family/Friend of CES Member

\_\_\_\_\_ Other (please indicate): \_\_\_\_\_

### Privacy Notification

*Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information which will be maintained in a record system is collected from you.*

*The information obtained will:*

*Be used to determine your qualifications for the position for which you are applying;*

*Be maintained in your personnel file (if you are accepted for membership) or in our resume file for six months (if you are not accepted for membership).*

*Failure to provide the information or authorization will result in your application not being considered for membership. The information will be maintained by the Director of Canandaigua Emergency Squad or his or her designee.*



## TYPES OF MEMBERSHIP

### Active EMS Members

Persons who are eighteen years of age or older, and must successfully complete an EMS training course as defined in the Corporation's policies and procedures within one year of acceptance as a member. These are the members that staff the ambulances.

### Auxiliary Members

Persons who are eighteen years of age or older, and who provide service to the Corporation in areas defined in the Corporation's policies and procedures as other than staffing the ambulances. These are members that help with special projects, maintenance, or administrative duties.

### Explorer Members

Persons between the ages of fourteen and twenty-one who have applied for membership through CES and Explorer Post 549 of the Boy Scouts of America. These young members are here to learn the ambulance trade.

**Application for membership as:** *(Check One)*

Active EMS Member       Auxiliary Member       Explorer Member

**PERSONAL INFORMATION**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

If less than 6 months at current address, please list previous address:

\_\_\_\_\_

Other Names: (if any) \_\_\_\_\_

Are you 18 years of age or older: Yes \_\_\_\_\_ No \_\_\_\_\_ If NO state your age: \_\_\_\_\_

Do you have a current, valid NYS Drivers License? Yes \_\_\_\_\_ No \_\_\_\_\_

**CERTIFICATION INFORMATION**

Please list all pertinent licenses and certifications that you may have:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other emergency service experience that you may have as well as affiliation dates and contact person with phone number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Please list three personal references, other than members of Canandaigua Emergency Squad. Relatives or family members will not be accepted.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

**EMPLOYMENT**

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, give organization information below. May we contact your organization for a reference?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Please indicate your availability to participate in normally required activities (meetings, training, duty shifts, etc.):

\_\_\_\_\_

\_\_\_\_\_

Please list the names of any acquaintances or family members who are members of Canandaigua Emergency Squad.

\_\_\_\_\_

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