



Genesee Valley Emergency Medical Services, Inc.  
P.O. Box 3 • Caledonia, New York • 14423  
(585) 538-2210

Dear Applicant:

Thank you for applying for membership with Genesee Valley Emergency Medical Services, Inc.

For membership with Genesee Valley Emergency Medical Services, Inc. (GVEMS), you must:

1. Complete the Membership Application Form in its entirety and sign it.
2. Provide two (2) letters of reference (forms included with this application).  
You must ask at least two (2) acquaintances to complete references for you. These letters of reference must be received before your application will be considered.

### Membership Application Form:

Genesee Valley Emergency Medical Services, Inc. considers the following information to be “confidential”. It is reviewed only by the President and Director of Personnel. Additionally, a presentation by these individuals may be made to the membership.

Today's Date: \_\_\_\_\_ Phone \_\_\_\_\_

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

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

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

Are you currently employed?       Yes       No

If you are employed, please provide the following information:

Employer:

Employer's Address, including work telephone number:

Are you 21 years old or older?    Yes    No      If no, how old? \_\_\_\_\_.

When are you generally available to volunteer your services?

Days                       Evenings                       Nights                       Weekends

What position(s) are you interested in obtaining at Genesee Valley EMS?

Support Member                       Advanced Life Support Technician  
 EMT-Basic                       EMT Intermediate                       Driver

Why do you wish to join Genesee Valley EMS?

**Background:**

Can you perform the functions of our emergency medical service with or without reasonable accommodation?

Do you have any previous ambulance or fire department experience?    Yes    No

Were you ever a member of GVEMS?  Yes  No If so, when? \_\_\_\_\_.

If you have had previous ambulance experience when and where did it occur?

Agency (County and State if outside Monroe and Livingston Counties)	Dates

Please list any previous/current medical training that you have had at any time:

Training	Trained where	EMT # & Expiration Date
CPR		
First Aid		
CFR		
CFR-D		
EMT (Basic)		
EMT-D		
A/EMT-I (2)		
A/EMT-CC (3)		
A/EMT-P (4)		

Please detail any other medical training or experience that you have (e.g. ACLS, BTLS, PALS, pediatric intubation, EVOC driving course, instructor certificates, PSIM, CPO, etc.):

Please detail any non-medical training or experience that may be relevant to the position that you are applying for, or may be an asset to Genesee Valley EMS:

Have you ever been convicted of any crime in New York State or elsewhere?

Yes  No

(Conviction of a crime does not automatically preclude you from GVEMS membership)

If yes, please explain:

Is it okay if we request a criminal background check on you?  Yes  No

**Driving Record:**

Do you have a valid driver's license?  Yes  No

If so, please fill out the following:

New York State Driver's License Number:

Or

State:                      Number:

If you intend to eventually drive an emergency vehicle, you must provide the following information:

List any moving violations that you have had in the past 18 months:

(use a separate sheet of paper, if appropriate)

Date of Violation:	Offense	Date of Conviction:	Court and Location

List any chargeable accidents that you have had in the past 3 years:

(use a separate sheet of paper, if appropriate)

Date of accident:	Location of Accident	Charges

**Personal References:**

Our rules require that you provide us with at least two (2) letters of reference. ***It is your responsibility to see that these letters are provided to the Director of Personnel.*** The Director of Personnel will not pursue obtaining these letters for you.

The letters of reference should be from people who have known you at least two (2) years. Select persons who will render a fair and unbiased opinion of you.

Give these persons the enclosed “personal reference letter” forms to fill out. Ask them to completely fill out the form, sign it and mail it to the address printed on the form. Please ask them to do this as soon as possible. ***Call them in one week to verify that they have completed and mailed the form to Genesee Valley EMS.***

The corporation will not consider your application until the two letters of reference are received.

Have you requested letters of reference from two persons?  Yes  No

**Signature:**

This statement must be signed and dated for your application to be considered:

If accepted into membership of Genesee Valley EMS, I understand that I must abide by the rules and regulations of the Corporation or my membership may be terminated.

I hereby certify that, to the best of my knowledge, all the information in this application is true and complete. I hereby give consent to Genesee Valley EMS and its representatives to verify this information by any means, including a criminal background check.

I understand that if I am accepted for membership in Genesee Valley EMS and this information is subsequently found to be incomplete or inaccurate, I could be subject to disciplinary action and/or expulsion from the Corporation.

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

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