



CAZENOVIA AREA VOLUNTEER AMBULANCE CORPS
106 Nelson Street
Cazenovia, NY 13035

APPLICATION FOR MEMBERSHIP

NAME _____ PHONE _____

STREET _____ DOB _____ AGE _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

DRIVER'S LICENSE # _____ SOCIAL SECURITY # _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

PHONE _____

TYPE OF MEMBERSHIP REQUESTED (Check as many as applicable)

_____ CREW- MEDICAL _____ DRIVER/HELPER _____ CREW COORDINATOR
_____ STUDENT (14-18 YRS) _____ GENERAL (No Active Duty)

HEALTH

Do you have any health conditions that would prevent you from performing your duties at CAVAC without accommodation? _____

MEDICAL TRAINING (Please check your highest level of certification.)

FIRST RESPONDER _____ EMT-B _____ EMT-A _____ EMT-P _____ OTHER _____

CERTIFICATION NUMBER _____ EXPIRATION DATE _____

CPR _____

Are you a certified instructor? Yes _____ No _____ Area _____

PREVIOUS EXPERIENCE (Attach extra page if necessary)

PLEASE CIRCLE THE HOURS YOU CAN WORK AT CAVAC

WEEKDAY CREW MIDNIGHT – 6AM 6AM - 12 NOON 12 NOON – 6PM 6PM – MIDNIGHT

WEEKEND CREW MIDNIGHT – 6AM 6AM - 12 NOON 12 NOON – 6PM 6PM – MIDNIGHT

WEEKDAY CREW 7AM-11AM 11AM – 3PM 3 PM – 7PM 7PM – 10PM
COORDINATOR

WEEKEND CREW 7AM-11AM 11AM – 3PM 3 PM – 7PM 7PM – 10PM
COORDINATOR

If accepted in the Cazenovia Area Volunteer Ambulance Corps, I agree to abide by their By-laws and Standard Operating Guidelines and I further agree to:

1. Serve at least two 6 hour shifts per month for Ambulance Crew Members (i.e. drivers, EMT, etc.) or two 4 hour shifts per month as a Crew Coordinator Member (at CAVAC base).
2. Do my duty hours at Corps headquarters unless able to be at headquarters within three minutes.
3. Conduct myself in a professional manner which will not cast adverse reflection on the ambulance corps.
4. Keep all ambulance corps and patient information in strict confidence in compliance with HIPAA.
5. Refrain from all alcoholic beverages for a minimum of 8 hours prior to and during my assigned shift.
6. Dress appropriately during my duty hours. Appropriate dress includes CAVAC identification badge, dark colored pants, green shirts with CAVAC logo, and green or yellow outerwear jackets with CAVAC logo for crew. (NO SHORTS OR JEANS for on-duty crew).
7. Complete a probationary period for (1) year.

I AUTHORIZE CAVAC OR ITS DESIGNEE TO INVESTIGATE MY BACKGROUND INCLUDING, BUT NOT LIMITED TO, MY DRIVING RECORD, CRIMINAL HISTORY, SEXUAL OFFENDER STATUS AND DRUG SCREENING.

SIGNATURE

DATE

CAVAC BY-LAWS REQUIRE THIS APPLICATION TO BE SIGNED BY TWO CAVAC MEMBERS

*(May be signed at interview)

Sponsor

Sponsor