



New Hartford Volunteer Ambulance

P.O. Box 1, New Hartford, CT 06057

Phone: 860-379-6060

www.NHVAAMB.org



Membership Application

Personal Information:

Name: _____
Last First MI

Address: _____
Physical Mailing State Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____ Date of Birth: _____

Preferred method of contact: _____ Can you receive text messages? Yes No

Are you over the age of 18? Yes No Are you legally entitled to work in the U.S.? Yes No

Emergency Contact: _____
Name Relation Address Number

Training and Education:

Do you have any previous EMS experience? Yes No

If yes, Name of service: _____:

Address: _____

Phone: _____ Date started: ___/___/___ Date Ended: ___/___/___

Name of service: _____:

Address: _____

Phone: _____ Date started: ___/___/___ Date Ended: ___/___/___

List any related certifications or training (CPR/EMR/EMT/ICS and include expiration dates and numbers):

High School Name: _____ Year(s) attended: _____

Last year completed: 9 10 11 12

College/Other: _____

Current employer: _____
Name Address Number

Position: _____ List your responsibilities or duties: _____

NHVA has a required 12 hour a month shift commitment. Can you meet the minimum required time needed to be a member? Yes No



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References: please do not include relatives; you may include members of the association

Name:	Phone Number:	Relation:	Length of time known:

History

“Conviction” for this application means a final judgment or verdict of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court, regardless of whether an appeal is pending or could be taken.

"Conviction" does not include a final judgment or verdict that has been expunged by pardon, reversed, set aside or otherwise rendered invalid. Further, you are not required to disclose any arrest(s), criminal charge(s) or conviction(s), the record(s) of which have been erased under law. Such records can include records of a finding of delinquency or that a child was a member of a family with service needs, adjunction of youthful offender status, criminal charges dismissed or nolle, or charges for which a person is found not guilty or a conviction later resulting in an absolute pardon. Further, any person whose criminal records have been erased is deemed under law never to have been arrested with respect to such erased proceedings and may so swear under oath.

A history of criminal conviction(s) will not necessarily dismiss consideration of employment. Factors such as the time, seriousness, and nature of the offense, as well as rehabilitation will be taken into account.

Have you ever been convicted of a felony within the last five years? Yes No

(If “yes”, give dates and details of convictions) _____

Have you ever been convicted of a misdemeanor within the last five years? Yes No

(If “yes”, give dates and details of all misdemeanors for which you have been convicted) _____

Has your right to operate a motor vehicle ever been revoked or suspended? Yes No

(If “yes”, give dates and details of circumstances) _____

Present and past medically certified only. Has your medical license (Paramedic, AEMT, EMT, EMR) certification or licensure ever been revoked or suspended? Yes No

(If “yes”, give dates and details of circumstances) _____



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Background Check Authorization

Pint Name: _____
(Last) (First) (MI)

Former Name(s) and Dates Used: _____
(Mo/Yr) (Last) (First) (MI)

Current address: _____
(Mo/Yr) (Street) (State) (Zip)

Previous Address From: _____
(Mo/Yr) (Street) (State) (Zip)

Previous Address From: _____
(Mo/Yr) (Street) (State) (Zip)

Date of Birth: _____ Social security number: _____ Telephone Number: _____

Driver's License Number: _____ State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **New Hartford Volunteer Ambulance** and its designated agents and representatives to conduct a comprehensive review of my background, creating a consumer report and/or an investigation consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigation consumer report may include, but is not limited to the following areas: verification of Social security number; Current and previous residence; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, and any other public records. I further authorize any individual, company, firm, corporation or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **New Hartford Volunteer Ambulance** or its agents. I further authorize the complete release of any record or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

Signature: _____ Date: _____

**** New Hartford Volunteer Ambulance** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.**



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How did you hear about NHVA? _____

Why are you interested in joining NHVA? _____

Any other information you feel important:

Please read the following closely and sign.

The “employees” and “employment” shall, for purpose of this application, include volunteers, and volunteer service preformed, and joining the membership for the New Hartford Volunteer Ambulance Association (NHVAA), respectively.

I understand if my application is to be approved and accepted, I will become a part of the NHVAA membership. I agree to comply with the federal, state, and the policies and procedures, bylaws, and any other rules and regulations followed by NHVAA. I understand neither this application nor any other NHVAA document constitutes as a personal contract of employment. I further understand my employment within the membership is for no stated term and may be terminated at will by me or NHVAA. I understand NHVAA is an at will organization.

I understand that NHVAA does not tolerate the use of non-prescribed drugs or alcohol during work hours, employees who work at NHVAA may be asked periodically to submit to drug testing. No prospective employee will be asked to submit to testing unless an offer of employment has been made. Due to the random nature of testing, however, not every NHVAA employee will necessarily be asked to submit to drug testing. Before being asked to submit to a drug test, the employee will receive written notice of the request and testing requirements. NHVAA will pay the cost of any drug testing that it requests, including (automatic) retesting of confirmed positive results. The use of drugs may result in termination.

I agree and give permission to NHVAA to be photographed. Further, I give permission to NHVAA to keep in its custody and records information required by the Office of Emergency Services, including copies of my CPR card, driver’s license, any medical certifications and licensures (if applicable), and any other information pertaining to my employment.

In the event of resignation or termination, I agree to return all NHVAA property loaned to me such as identification badges, uniforms, pagers, radios, books, videos, etc. if these items are not returned, I agree that NHAVA may withhold from any final compensation due to me, monies to cover the value of any unreturned property, and that NHVAA may seek legal redress in order to recover such property.

I certify that to the best of my knowledge, the entirety of the information provided on this application is true, and I understand any intentional misrepresentation of this information or omission of facts could lead to my dismissal or denial of employment. By signing and submitting this application, I authorize NHVAA to make an investigation of my history and verify my qualifications for membership, including contacted listed references. I also release from all liability of responsibility all persons and organizations supplying information, and that I have read, understood, and consented to the statements listed above.

Signature: _____ Date: ____/____/____.