



**Ticonderoga Emergency Squad, INC.
P.O. Box 265
Ticonderoga, NY 12883**



Instructions:

Welcome! You are about to complete an application to join the Ticonderoga Emergency Squad, Inc. By applying you will become part of a group of people who have dedicated themselves to helping friends and strangers in times of great illness, serious injury or even death. The part you play in providing assistance will greatly influence the outcome in a person's time of need for emergency medical services. As a volunteer, you will be asked to give up time with your family and friends to help others. There are times when what you do will be a great inconvenience to you and your family. However, the rewards are endless.

Before turning in this application, please make sure you have provided us with copies of any and all certifications and licenses that pertain to the position you are requesting. In addition, copies of your immunization records and drivers license will be required. Persons approved for driving privileges must pass a driver training program set up by the ambulance lieutenant.

Once your application is received and reviewed, an interview will be set up at a time that is convenient for you. You will be given two opportunities to meet with the interview committee. If you fail to come to your scheduled interview your application will be terminated. At the time of your interview, if approved, you will be given a copy of our By-Laws and Standard Operating Guidelines. You will have the opportunity to ask questions during the interview.

If accepted, you will serve a probationary period of 6 months. Within those 6 months it is your responsibility to ask questions, meet with members, and take as many calls as possible. At the next Board of Directors meeting following the completion of your probationary period, a vote will take place to grant you full membership, to extend your probation period, or deny your membership.

Every effort has been made to make sure this application meets the NYS Division for Human Rights guidelines. If you feel a section violates these guidelines please mark the section "NA". Some questions are necessary to ask as we are entering the homes of others and dealing with them during their most vulnerable time.

Thank you for interest in the Ticonderoga Emergency Squad. Your service to the community is greatly appreciated.



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Membership Application

Date: _____

Name: _____ Date of Birth: _____

Address: _____

Telephone (Home): _____ (Cell): _____ Email: _____

Position Applying for (circle): Attendant Driver CFR EMT AEMT

Please indicate your availability to participate in required activities including, meetings, training, fundraising, and duty time:

Weekdays- Days: _____ Evenings: _____ Nights: _____

Weekends- Days: _____ Evenings: _____ Nights: _____

Were you a member previously? Yes ____ No ____

If yes, reason for leaving: _____

Do you have any previous emergency medical experience? Yes ____ No ____

If yes: Agency _____

Address _____

Contact Person _____

Do you currently hold any CPR, CFR, EMT, AEMT certifications?

Yes ____ No ____ If yes, please supply a copy of certificates



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Do you have a valid Drivers license? Yes ___ No ___

Driver's License Number: _____ State of Issue: _____ Date of Expiration: _____

Have you had any accidents during the past three years? Yes ___ No ___ How many? _____

Have you had any moving violations during the past three years? Yes ___ No ___ How many? _____

Education:

Type of School	Name of School	Location (Address)	Number of Years Completed	Major/Degree
High School				
College/University				
Business/Trade School				
Professional School				



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Work Experience: Name of Current Employer: _____

Address: _____ Dates Employed: _____

Name of Supervisor: _____

May we contact your supervisor? Yes ___ No ___

Please list three personal references whom are **NOT** members of this organization and who have known you for at least 3 years:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Have you ever been convicted of or pleaded guilty to a felony or misdemeanor or a reduction of an offense?

Yes ___ No ___ If yes, please explain: _____

All information contained in this application will remain confidential and will only be used for internal membership processing.

In witness thereof, this application has been subscribed this _____ Day of _____, by the undersigned applicant who affirms that the statements made are true.

Applicants Signature: _____ Date: _____

Witnessed By: _____ Date: _____

All junior members (16 and 17 years of age): Signature of your parent or guardian is required in addition to your own signature. This must be signed by your parent or guardian granting their permission for you to become a member of this organization.

Parent/Guardian Signature: _____ Date: _____



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Health Questionnaire

Please provide copies of Immunization Records

Date: _____

Name: _____ Date of Birth: _____

Address: _____

Family Physician: _____

Please answer the following questions:

Have you ever had any of the following conditions? If so, indicate with a check mark and give details below.

- ___ Disorder of eyes, ears, nose or throat
- ___ Dizziness, fainting, seizures, convulsions, stroke, nervous system disorder
- ___ Sciatica, arthritis, any other disorder of muscles, or bones in back, spine, or joints
- ___ Disorder of the heart or blood vessels (heart attack, high blood pressure, etc.)
- ___ Lung Disease (TB, asthma, emphysema, persistent cough, etc.)
- ___ Loss of use of an arm, leg, hand, foot, shoulder, fingers, toes, hips
- ___ Hernia
- ___ Diabetes
- ___ Alcohol or drug abuse
- ___ Skin Disorder
- ___ Back Injury, pain
- ___ Head Injury
- ___ Mental Disorder

Details of the above checked responses: _____

Allergies: _____

Physical Limitations: _____

Medications: _____



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CONFIDENTIALITY STATEMENT

The Ticonderoga Emergency Squad, INC., assists people in many ways to receive appropriate health care. In the course of this operation, we receive considerable information about our patients and other citizens that are of a highly personal and confidential nature.

It is important that our patients know they can fully discuss their problems and concerns with us in total confidence. As a member of the Ticonderoga Emergency Squad, INC., I understand that information concerning the condition, treatment, or personal history of our patients must be held in strict confidence at all times. Under no circumstances should this information be discussed with anyone, even with the patient’s family, or friends; unless authorized to do so by the patient. I understand that such information should not be discussed with other members of the squad unless it is required directly for the treatment of the patient. I also understand that such information is never to be discussed outside the organization.

I agree that I will never share information about the patient of the Ticonderoga Emergency Squad, INC., except when required in the direct performance of my duties.

I understand that a violation of this agreement is an extremely serious offense and may be grounds for immediate dismissal.

I further agree that any information discussed in meetings is strictly confidential and does not leave the building.

 Member/Applicants Signature

 Date