



**Irondequoit Volunteer Ambulance Service, Inc.**

2330 Norton Street,  
PO Box 90360  
Rochester, New York 14609  
Business Line: 585-544-5112 Fax Line: 585-544-1810  
[www.IrondequoitAmbulance.com](http://www.IrondequoitAmbulance.com)



Irondequoit Volunteer Ambulance  
2330 Norton St.  
Rochester, NY 14609  
August 26, 2008

Dear Prospective Member:

**I would like to thank you for your interest in serving with us at the Irondequoit Volunteer Ambulance Service. IVA has been dedicated to providing Basic and Advanced Emergency Medical Service for over 25 years to the area of East Irondequoit and surrounding areas. IVA answers over 3000 calls for service each year. We have three ambulances and an advanced life support response vehicle. IVA is a combination of both carrier and volunteer staff.**

**Please complete the first two pages of the application and return them to IVA with your application fee which is used for the records check. Next distribute the 3 reference forms to the people you listed on the application and have them returned as well. After the reference forms are submitted and a records check is completed you will be contacted for an interview.**

**At this point You will be contacted for an orientation and begin your training at IVA. A minimum of 12 duty hours are required per month. After a three month probationary period if you meet or exceed the minimum requirements the general membership will vote on you, and you will be able to enjoy all the privileges of a IVA member. Once again I would like to thank you for your interest in Irondequoit Volunteer Ambulance.**

Sincerely,

A handwritten signature in cursive script that reads 'Christian D. Caswell'.

Christian D. Caswell  
Membership Committee



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A \$10 non-refundable application fee is required. Make checks payable to Irondequoit Volunteer Ambulance Service.

- Explorer
- Medic
- Driver
- Dispatcher
- Auxiliary

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell (    ) \_\_\_\_\_  
 Address 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Sex (circle one): M / F

Occupation \_\_\_\_\_ NYS License #: \_\_\_\_\_

Employer / Address / Phone: \_\_\_\_\_

Blood borne Pathogens (Date Taken):	CFR (Cert. # / Expiration):
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CPR (Expires on):	E M T ( Cert.# / Expiration):
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Hazmat (Date Taken):	Other:
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Do you have any previous experience with fire, ambulance, or other EMS services? Yes No? (Circle One)  
If Yes Where?:

Do you have any other medical training for experience? Yes No? (Circle One)  
Explain:

Have you had the Hepatitis B vaccine series in whole or in part? Yes No (Circle One)  
If yes Dates?,

Do you have any physical or psychological disabilities that would restrict your ability to perform assigned duties? Yes No (Circle One) If yes, please explain:

Do you have any criminal convictions or pending criminal legal actions against you? Yes No (Circle One)  
If yes, please explain: \_

**Please list three personal references not related to you (Please print clearly)**

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Address: \_\_\_\_\_

**I hereby state that the above questions have been answered truthfully and without any omission. I hereby authorize the Irondequoit Volunteer Ambulance Membership Committee to check any and all of the above information and references and to request a criminal records and Motor Vehicles check from any local, county, or state law enforcement agencies it deems necessary. I further understand that any discrepancies will render this application invalid.**

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**Office use only**

Application Received on \_\_\_/\_\_\_/\_\_\_ By \_\_\_\_\_  
 Reference #1 \_\_\_/\_\_\_/\_\_\_ Records Check \_\_\_/\_\_\_/\_\_\_ Y/N Forward to Training \_\_\_/\_\_\_/\_\_\_ Reference #2 \_\_\_/\_\_\_/\_\_\_ Interview \_\_\_/\_\_\_/\_\_\_ Y/N Voted by Membership \_\_\_/\_\_\_/\_\_\_ Reference #3 \_\_\_/\_\_\_/\_\_\_ Orientation \_\_\_/\_\_\_/\_\_\_





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## Membership Application Reference Form

The applicant named below has applied for membership in our organization and has given your name as a personal reference. You are being asked to complete the following form and return it to us. Completed forms can be mailed or faxed or You can email a signed copy to membership@irondequoitambulance.com. Thank you for your time and cooperation.

Name of Applicant; \_\_\_\_\_

Please rate the applicant in the following areas. Please *n/a* any items which you have no basis of judgment.

	Good	Average	Poor
Accepts Responsibility			
Initiative			
Resourcefulness			
Willingness to Learn			
Conscientious			
Cooperation			
Sense of Teamwork			
Leadership Ability			
Appreciates diversity -			

	Good	Average	Poor
Objective Problem Solver			
Flexible			
Friendly			
Sense of Humor			
Accepts Criticism			
Makes Sound Decisions			
Emotionally <i>Stable</i>			
Ability to Handle 'Stress			
Physical Stamina			

How long have you know the applicant?: _____
How well do you know the applicant?: _____
Do you feel the applicant is a good candidate for community service work with an ambulance Corp. ? : ____ _____
Comment briefly on your feelings about the applicants character: _____ _____ _____ _____
Signature: _____ Date _____
Day Phone ( ) _____ Evening Phone ( ) _____
<b>Thank you for your assistance. may we contact you for follow-up information if necessary. Yes or No (Circle one)</b>



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