

Livonia EMS
Town of Livonia Ambulance District #1
application for volunteer staff

Date of Application _____

Date of Approval _____

Personal Information

Last Name _____ First Name _____ MI _____

Maiden Name _____ Alias/nickname _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number (home) _____

Cell Number and Carrier (For Notifications) _____

Email address (Required) _____

How long have you resided at present address? Years _____ Months _____

How long have you resided in New York State? Years _____ Months _____

Place of birth (city and state) _____

Are you a United States Citizen? _____

Employment

Are you currently employed? Yes _____ No _____

Name of Employer _____ Phone Number _____

Address _____

Contact Person _____ Phone Number _____

If employed less than 1 year, please include previous employers on the last sheet in this application

Legal Requirements

The following information is required by New York State However it is not shared with the general membership and does not affect the approval of your application.

Last Name _____ First Name _____ MI _____

Maiden Name _____ Alias/nickname _____

Street Address _____

City _____ State _____ Zip Code _____

Gender _____

Height _____ ft _____ in Age _____ Date of Birth ____/____/____

Social Security number _____ - _____ - _____

Place of Birth _____ (town or city) _____ (State)

Do you have a valid New York State driver's license? _____

Client ID Number _____ - _____ - _____ (top left corner of NYS DL) Expiration _____

Have you had a motor vehicle accident in the last 5 years? _____

If yes, please provide details on the last page of this application.

Have you had any traffic violations in the past 5 years? _____

If yes, please provide details on the last page of this application.
(Include date, charge, disposition, and court location)

Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson?
Yes _____ No _____

If yes, please provide details on the last page of this application.
(Include date, charge, disposition, and court location)

Do you use alcohol: never _____ 1-2 times a wk _____ 3-4 times a wk _____ more _____

Do you use drugs: never _____ 1-2 times a wk _____ 3-4 times a wk _____ more _____

Previous Experience

Please list only experience in Law enforcement, Fire Departments, or Emergency Medical Services.

Name of Agency _____ Phone Number _____

Address _____

Contact Person _____ Phone Number _____

If more room is needed, please use last sheet of this application.

Personal References

Please list 2 people that you have known for 2 years who are not employers, family members, or members of Livonia Fire Department or Ambulance).

Name _____ Phone Number _____

Address _____

Name _____ Phone Number _____

Address _____

Department References

Please list 2 members of the Livonia Fire Dept. or Ambulance (if you know any)

Name _____ How do you know them? _____

Name _____ How do you know them? _____

Current Certification

EMT # _____ Level _____ Expiration _____

CPR _____ Expiration _____

Other

WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED/OR OBTAINED HEREWITH WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING

IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED THIS _____ DAY OF _____, 20 ____ BY THE UNDERSIGNED WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

Applicant Signature _____

Printed Name _____ Date _____

Witnessed by _____

Printed Name _____ Date _____

PRIVACY NOTIFICATION

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information which will be maintained in a record system is collected from you.

The authority to request and confirm personal information about you is found in Article 6 of the Executive Law.

The information obtained will:

Be used to determine your qualifications for the position for which you are applying;

Be maintained in your personnel file (if you become a member) or in our resume file for six months (if you are not a member).

Failure to provide the information or authorization will result in your application not being considered for membership.

The information will be maintained by the Health and Safety Officer of the Town of Livonia Ambulance District #1.

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Town of Livonia Ambulance District #1, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former organizations, and the military services to disclose their relevant records about me to the Town of Livonia Ambulance District #1 whether the information be of a public, private, or confidential nature; and I release Town of Livonia Ambulance District #1 and all affiliates and I hold them harmless from any liability resulting there from.

This authorization, in original copy form, shall be valid for this and any future information, reports or updates that may be requested.

I acknowledge and understand that the Town of Livonia Ambulance District #1, through New York State, will be conducting an arson background check on me. I authorize the Town of Livonia Ambulance District #1 and New York State to do so. In addition I acknowledge and understand that the Town of Livonia Ambulance District #1 will be performing a background check on me and I authorize them to do so. I release Town of Livonia Ambulance District #1 and New York State from any and all liability resulting from such arson check and background check.

Applicants name (please print): _____

Applicant signature: _____

Witnessed by: _____

Date: _____