



Livonia Emergency Medical Services
Town of Livonia Ambulance District #1
PO Box 108 Livonia, NY 14487
(585)-346-6170 Fax: 585-346-6713



Application for Volunteer Staff

Date of Application: _____ Received By: _____ Date of Approval: _____

Personal Information:

First Name: _____ MI: _____ Last Name: _____

Alias/Nickname: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Home / Mobile

Email Address: _____

How long have you resided at your current address? Years: _____ Months: _____

Are you at least 18 years of age? Yes: _____ No: _____ If No, Age: _____

Are you a United States Citizen? Yes: _____ No: _____

If not, are you legally able to work in the United States? Yes: _____ No: _____

Work History:

Are you currently employed? Yes: _____ No: _____

Name of Employer: _____ Phone Number: _____

Address: _____ Contact Person: _____

Name of Employer: _____ Phone Number: _____

Address: _____ Contact Person: _____

Relevant Experience:

Please list only experience in Law Enforcement, Fire Departments or EMS.

Name of Agency: _____ Phone Number: _____

Address: _____

Contact Person: _____

Name of Agency: _____ Phone Number: _____

Address: _____

Contact Person: _____

Name of Agency: _____ Phone Number: _____

Address: _____

Contact Person: _____

Job Duties:

Do you have a valid New York State driver's license? Yes: _____ No: _____

Have you had a motor vehicle accident in the past 5 years? Yes: _____ No: _____

If yes, please explain:

Have you had any traffic violations in the past 5 years? Yes: _____ No: _____

If yes, please explain:

Have you ever been convicted of a crime? Yes: _____ No: _____

If yes, please explain:

Are you able to communicate effectively with others? Yes: _____ No: _____

Are you able to lift, carry, and balance 125 pounds? Yes: _____ No: _____

Are you able to use good judgment and remain calm in high-stress situations?
Yes: _____ No: _____

Are you capable of being unaffected by loud noises and flashing lights? Yes: _____ No: _____

Are you able to interview patients, family members, or bystanders? Yes: _____ No: _____

Are you able to bend, stoop and crawl on uneven terrain? Yes: _____ No: _____

Are you able to withstand variable environmental conditions? Yes: _____ No: _____

Are you able to work with other providers to make appropriate patient care decisions?
Yes: _____ No: _____

References:

Please provide 3 references that have known you for at least 2 years and who are not employers, family members, or members of the Livonia Fire Department or Livonia EMS.

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

Please list any department references you may have.

Name: _____ How do you know them? _____

Name: _____ How do you know them? _____

Name: _____ How do you know them? _____

Current Certification (if any):

EMT#: _____ Level: _____ Date of Expiration: _____

CPR: _____ Date of Expiration: _____

Other Relevant Certifications:

Privacy Notification:

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information that 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 Operations Staff of the Town of Livonia Ambulance District #1.

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 is 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 therefrom.

This authorization in the original copy 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, may 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, may perform a background check on me and I authorize them to do so. I release the Town of Livonia Ambulance District #1 and New York State from any and all liability resulting from such checks.

Applicants Signature: _____

Printed Name: _____

Within the freedom of information law, all information contained or obtained herewith will remain confidential and will be used only for internal membership processing.

I, _____ hereby attest, that this application has been subscribed this _____ day of _____, _____ by the undersigned who affirms that the statements made herein are true under the penalties of perjury.

Applicant Signature: _____

Printed Name: _____ Date: _____