

**Application for Membership**  
**Goshen Volunteer Ambulance Corps**  
PO Box 695  
Goshen, New York 10924

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

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**Application:**

Application for Status (See Member Status Sheet): \_\_\_\_\_

**Experience:**

Do you have past/present Emergency Service (EMS) experience?: \_\_\_\_\_

If yes, name of agency (please list additional agencies at the end of this application):

Reason for leaving: \_\_\_\_\_

In what standing did you leave this agency: \_\_\_\_\_

Name of Chief Officer: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

**Professional (EMS) References:**

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

**Certifications:**

\_\_\_\_\_ CPR Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Years Exp: \_\_\_\_\_

\_\_\_\_\_ CFR Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Years Exp: \_\_\_\_\_

\_\_\_\_\_ First Aid Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Years Exp: \_\_\_\_\_

\_\_\_\_\_ EMT-\_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Years Exp: \_\_\_\_\_

(Please specify what level of EMT certification you have)

Other Relevant Experience: \_\_\_\_\_

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**To Become a Member:**

Do you reside within the GOVAC response area?: \_\_\_\_\_

If no, are you willing to be within five (5) minutes of the facility while on call?: \_\_\_\_\_

Do you have a Driver's License?: \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_

Have you had an infraction or accident?: \_\_\_\_\_ If yes, please explain on the last page.

**Medical Requirements:**

Have you been treated by a medical doctor for any condition in the past 3 years?: \_\_\_\_\_

Are you physically fit, able and willing to perform under the stressful nature of an emergency service?: \_\_\_\_\_ If yes, please explain on the last page.

Have you been treated by a psychologist or psychiatrist in the past 3 years?: \_\_\_\_\_

If yes, you have the right to explain on the last page or speak with a Membership Chairperson.

**Personal References:**

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

**Other:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Finalize:**

I certify that the statements made by me on this application are true and accurate to the best of my knowledge. I understand that any misrepresentation of the facts is ground for rejection or dismissal. I agree, if accepted, to serve honorably in pursuit of my duties and to abide by all the laws, rules, regulations and by-laws regarding the operation of the Corps.

Do you agree to abide by the riding requiring for the status you are applying for? \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parents' Signature (under 18): \_\_\_\_\_

Date: \_\_\_\_\_

## **Goshen Volunteer Ambulance Corps. Membership Status'**

### Active Riding Member:

Age:	16
Hour Requirement:	30/month

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### Driver Only:

Age:	21
Hour Requirement:	30/month

\*You must have a clean driver's license

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### Associate Member:

Hour Requirement:	10 calls/yr <u>OR</u> 50 hrs/yr
Weekend Hour Requirement:	0

- Must be a member of good standing of an emergency service agency (ie: Fire Dept., Police Dept., other EMS agency)
- Must be 21 or over to perform Driver Only duties
- 10 calls per year are required to be from accident scene to hospital
- Standbys can be included in the 50 hours per year requirement

