



THE PENFIELD VOLUNTEER EMERGENCY AMBULANCE SERVICE, INC.
P.O. BOX 220 • 1585 JACKSON ROAD • PENFIELD, NEW YORK 14526

Volunteer Application

Personal Information

Last Name _____ First Name _____ MI _____
 Nickname _____ D.O.B. (mm/dd/yyyy) | | Soc. Sec. No. | |
 Home Address _____
 City _____ State _____ Zip Code _____
 Home Phone | | Work Phone | |
 Cell Phone | | Pager | |
 e-mail address _____ Spouse's Name _____

Parent / Guardian (required if applicant is less than 18 years old)

Last Name _____ First Name _____ Relationship _____
 Address _____
 City _____ State _____ Zip Code _____

Drivers License (Complete this section only if you seek to drive an ambulance)

NYS License Number _____ Class _____ Exp Date | |
 Number Years Licensed _____ Conditions / Restrictions Yes No
 If Yes, Explain _____
 Violations / Conditions during the last 18 months Yes No
 If Yes, Explain _____
 Defensive Driving Training Yes No Date | |
 Emergency Vehicle Operation Training Yes No Date | |

Medical Information

Do you have any physical or medical conditions / impairment / medications, which may affect you to perform in strenuous activity as required in emergency medical services work? Yes No

If Yes, Explain _____

EMS Background

Have you applied for membership to PVEA previously? Yes No If yes, When?

List any previous EMS affiliations (Use full name, no initials)

Current or Previous Emergency Training (Attach copy of current cards / certificates)

Current Certification Level - NYS EMT	Expiration Date		
NYS Certified First Responder (CFR)	Expiration Date		
Emergency Response Course (ARC)	Expiration Date		
Responding to Emergencies (ARC)	Expiration Date		
CPR (ARC or AHA)	Expiration Date		

Additional Training

Personal References

(Do not list persons related to you or your current employer. Give complete mailing addresses and indicate if the phone number is home or work.)

Name	Phone			Ph Type
How acquainted?	How many years have you known this person?			
Address				
City	State	Zip Code		

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Name	Phone			Ph Type
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Current Employer

Company Name Business Phone | |
Occupation How long employed
Supervisor's Name Supervisor's Phone | |
Address
City State Zip Code

Certification

Have you even been convicted of a felony or misdemeanor? Yes No

If yes, please explain.

I hereby state that all of the above questions have been answered truthfully and without gross omission. I authorize PVEA to check my references and/ or all of the above with the proper law enforcement agency. I also understand that willful falsification or omission from this application will be cause for rejection or dismissal. It is further understood that that this application will be handled in accordance with the Civil Rights Act of 1964 and no discrimination will occur because of age, sex, religion, race or national origin.

Signature _____

Date _____

Parent or guardian's signature is required for applicants less than 18 years of age.

Signature _____

Date _____

(Please wait for confirmation. You will go to another page and will not be able to come back to your data.)

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