

To GBAC Applicants:

Please take a moment to read this letter as it provides a valuable insight into the application process for GBAC membership.

This application, including the letters of reference and OSHA Respirator Medical Evaluation Questionnaire **must be filled out and one month prior to the orientation you wish to attend**. The OSHA Respirator form must be reviewed and approved by GBAC's Medical Provider prior to Orientation.

The tentative Orientation schedule is as follows (all sessions are scheduled for 4:30pm-8:30pm)

- Sunday, May 16, 2010
- Sunday, July 18, 2010
- September TBA
- Sunday, November 21, 2010

If you have had a PPD test or a Hepatitis vaccine in the past you must bring the dates of you latest test or vaccination.

Once an applicant has been accepted by the organization and has been through his orientations session and all pre-requisites are met, he/she becomes a provisional member for approximately four (4) months.

Further information concerning the provisional member process or membership information will be discussed at an orientation session. For questions and concerns please feel free to contact me

Sincerely,

Joe Milliman

Membership Chair

Membership@gbacems.org

**Application for Membership  
Greater Baldwinsville Ambulance Corps.**

P.O. Box 744  
Baldwinsville, NY 13027

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Do you have a medical condition that would prohibit your ability to perform the required work?

Yes

No

If yes, please explain:

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

Are you willing to have a required physical examination?      Yes                  No

Please list any other certifications/degrees that you feel would be beneficial to GBAC (PALS, ACLS, PHTLS, RN, LPN, ect.)

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

**Please include copies of all current certifications with your application**

Have you ever been a member of an Ambulance Corps, Fire Department, or other Emergency Medical Service Unit?                  Yes                  No

If yes, please list names, number, and dates of membership and why you left. May we contact these departments?

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

Have you ever had your membership revoked from an organization or your certifications suspended or revoked?  
(Yes does not mean automatic disqualification).                      Yes                      No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a driver's License?    Yes                      No                      License Number \_\_\_\_\_

In a few short sentences, please explain why you want to become a member of the Greater Baldwinsville Ambulance Corps:

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

**With Your completed application, please include all of the following:**

1. Three letters of reference (attached) from work, school, personal life (family members will not be accepted, nor will family members of significant others.)
2. Copies of any and all current certifications
3. A copy of your current driver's license
4. The respirator Questionnaire (Attached)

If accepted into G.B.A.C., you must agree to abide by their By-laws and constitution and further agree to the following:

1. Serve a minimum of 12 hours of duty per month
2. Attend the monthly membership meetings
3. Conduct yourself in a professional and ethical manner at all times
4. Keep all ambulance corps and patient information strictly confidential

I authorize the greater Baldwinsville Ambulance Corps or its designee to investigate my background, including but not limited to my driving and criminal history record. To the best of my knowledge, I attest that the above information is true and understand that I may be held accountable for any false statements made in the application.

Printed Name: \_\_\_\_\_

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

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

## Greater Baldwinsville Ambulance Corps Reference Letter

Date \_\_\_\_\_

\_\_\_\_\_ is applying for membership in the Greater Baldwinsville Ambulance Corps and has given your name as a reference. We would appreciate it if you could take a few moments and complete this form for him/her. Your comments will be kept strictly confidential.

How long have you know the applicant? \_\_\_\_\_

\_\_\_\_\_

What is your relationship with the applicant? \_\_\_\_\_

\_\_\_\_\_

Do you feel this applicant will make a good candidate for Emergency Medical Services? \_\_\_\_\_

Please Explain \_\_\_\_\_

\_\_\_\_\_

Please Comment briefly on your feelings regarding this applicant's character, and please be honest.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please feel free to add additional comments to the reverse side. Thank you for your time.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Sincerely,

Membership Chair

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

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Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_

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Membership Chair

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Sincerely,

Membership Chair