

WELCOME

Prospective Member:

Thank you for your interest in Wolcott Volunteer Ambulance Association (WVAA). WVAA is a combination volunteer / paid organization that provides emergency medical services for the town of Wolcott. Volunteer members serve an important role in allowing WVAA to continue to provide high quality medical care to the residents of Wolcott. Volunteerism can be extremely rewarding, and I am excited to see that you are interested in doing so with us. WVAA is a welcoming organization where you can begin, or continue, to move through your EMS / medical career(s). It is my hope that you will find this onboarding process to be both streamlined and transparent.

Please make sure to fill out the attached application both legibly and completely. The information you provide will be kept confidential and will not be released to any third-party groups or organizations. The information you provide will be reviewed and prospective volunteer members will be contacted for an in-person interview. WVAA completes a criminal background check on all prospective volunteer members and employees. As part of the onboarding process, you will undergo a complete physical exam and drug screening prior to acceptance into the organization. All costs associated with this will be the responsibility of WVAA.

The application process takes on average two to four weeks from the receipt of your application to acceptance into the organization. Applications can be delivered in person, submitted via email at application@wolcottambulance.com, or mailed to:

Wolcott Vol. Ambulance Assoc.
Attn: Dep. Chief Albert
PO Box 6066
Wolcott, CT 06716

I look forward to reviewing your application and working with you throughout the onboarding process. Please do not hesitate to contact me by email or phone should you have any questions or concerns. Thank you again for your interest in volunteering with WVAA!

Regards,



Andrew A. Albert, NREMT
Deputy Chief
Wolcott Volunteer Ambulance Association
andrew.albert@wolcottambulance.com
(203) 879-4122 Ext. 125 (office)





Wolcott Volunteer Ambulance Association

ALL INFORMATION REQUESTED IN THIS APPLICATION IS MANDATORY. FAILING TO SUBMIT ALL OF THE REQUIRED INFORMATION CAN RESULT IN DENIAL OF YOUR APPLICATION.
PLEASE PRINT LEGIBLY

Name: _____

Address: _____ Town/City: _____ State: ____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Are you a US Citizen? Yes / No if No, explain: _____

Driver's License #: _____ State: _____

Have you ever had your license suspended or revoked? Y / N

Do you have motor vehicle violations? Y / N If Yes, please explain:

Current Employer: Name: _____ Supervisor: _____

Address: _____

Phone: _____ Dates: _____ to _____

Previous Employer: Name: _____ Supervisor: _____

Address: _____

Phone: _____ Dates: _____ to _____

May we contact your employer(s)? Yes / No

Highest level of education attained: _____

What is your current level of certification? (EMR, EMT-B, EMT-P): _____ CT Cert #: _____

Where did you take your class for your current certification? _____

Who was your instructor? _____ When did you take it? _____

Have you had: HAZMAT Awareness: Y / N

Hepatitis B vaccine: Y / N

CEVO/EVOC: Y / N

CPR: Y / N

List any other skills or certifications:

Have you ever applied here before? Y / N If yes, when: _____

Reason for leaving: _____

Are you or have you ever been a member of another EMS organization? If so, please list the organization and your supervisor. _____

How many years (if any) of EMS experience do you have? _____

How did you learn about WVAA? _____

Do you know anyone who works/volunteers for WVAA? _____

Have you ever been convicted of a crime? Y / N

If yes, explain in detail (*Please be aware that WVAA performs a background check on all prospective members. Failing to disclose a criminal offense can be a reason for denial of your application. Please attach any supplemental documentation.*) _____

Have you ever been known by a different name or alias? Y / N If so, please list all other names.

List two (2) references that are not members of WVAA:

Name: _____ Phone: _____

Address: _____ City: _____

Name: _____ Phone: _____

Address: _____ City: _____

Emergency Contact: Name: _____ Relation: _____

Phone: _____

Previous addresses: 1. _____ City, State: _____

2. _____ City, State: _____

3. _____ City, State: _____

THE STATEMENTS THAT I HAVE MADE ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS WILL IMMEDIATELY DISQUALIFY MY APPLICATION. I ALSO UNDERSTAND THAT IF I AM ACCEPTED AS A MEMBER, I WILL SERVE A PROBATIONARY PERIOD OF NO LESS THAN SIX (6) MONTHS OR 60 HOURS OF SERVICE. DURING MY PROBATION SHOULD I BE EJECTED, SUSPENDED, OR DISCIPLINED IN ANY WAY, I HAVE NO RECOURSE TO APPEAL TO THE MEMBERSHIP, THE EXECUTIVE OFFICERS, OR ANY SINGLE MEMBER TO HAVE SUCH ACTIONS REVERSED. I FULLY UNDERSTAND THAT I MUST VOLUNTEER AT LEAST TEN (10) HOURS PER MONTH OF ON DUTY TIME TO THE CORPS EACH MONTH. I UNDERSTAND THAT I MUST PASS A BACKGROUND CHECK IN ORDER TO BE CONSIDERED FOR MEMBERSHIP. WVAA WITHHOLDS THE RIGHT TO REFUSE EMPLOYMENT TO ANY PARTY WHO FAILS CRIMINAL BACKGROUND OR DRUG TESTING. AFTER COMPLETING MY PROBATIONARY PERIOD, I MAY SEEK REIMBURSEMENT FOR UNIFORMS AND TRAINING AFTER SUBMITTING PROOF OF PURCHASE. I HEREBY AUTHORIZE THE ASSOCIATION TO CHECK THE INFORMATION HEREIN.

Applications Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Administrative Use Only:

Date application received: _____ Received by: _____

Application results: Accepted _____ Denied _____

Reason for Denial _____

Notification Date: _____ Physical Date: _____ Orientation Date: _____

Comments: _____



Release Authorization

The following information is required. Failure to complete this form in full may be cause for denial of your application. Please print legibly.

- I. In connection with my application for employment/membership, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my worker's compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug screening to detect the use of illegal drugs prior to and during employment.
- II. Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including Minnesota Department of Labor.
- IV. Minnesota, Oklahoma, and California applicant only: If you want a copy of the report(s) ordered, check this box []. The report(s) will be sent by the reporting agency to you at the address below.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, or insurance company contacted by Wolcott Volunteer Ambulance Association, Inc. or its agents, to furnish the information described in section I.
- VI. I hereby authorize release of information from my department of Transportation regulated drug and alcohol testing records by my previous employer to Wolcott Volunteer Ambulance Association, Inc. This release is in accordance with DOT regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated items: alcohol tests with a result of 0.004 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and the agents and all persons, agencies, and entities providing information or reports about me and all liability arising out of the requests for or release of any of the above-mentioned information or reports.

Full Name (Last, First, Middle): _____

Other Names used in the Past: _____

Home Address (Street, City, State, Zip): _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State Issued: _____

Name as it appears on the License: _____

Signature: _____ Date: _____



Wolcott Volunteer Ambulance Association

P.O. Box 6066
WOLCOTT, CT 06716

OFFICE: (203) 879-4122
FAX: (203) 879-5420

Acknowledgement Concerning Access to Confidential Information

Nonpublic information regarding [Wolcott Volunteer Ambulance Association, Inc.] (the "Company") or its business, employees, members, officers, customers, clients, patients, and suppliers is confidential. As a Company employee, contracted employee (Vintech or other), member, or officer you are from time to time trusted with confidential information. Now the occasion has arisen for you to be given access to:

Wolcott Volunteer Ambulance Association, Inc., By-Laws, policies, handbooks, documents and other such written or verbal communication regarding the operations and business of the ambulance association.

Nothing in the designation of this information as Confidential waives the Company's right to designate any other information as "Confidential" or to assert that any undesignated or additional information is confidential.

You are only to use such confidential information for the business purpose intended. You are not to share confidential information with anyone outside of the Company, including family and friends, or with other Company employees who do not need the information to carry out their duties. **Any unauthorized use or disclosure this or any other confidential Company information may result in discipline up to and including termination, and may give rise to civil or criminal liability as well.**

You remain under an obligation to keep all information confidential even if your employment/membership with the Company ends.

By your signature below, you acknowledge that you have read, understood, and accepted the foregoing and:

1. I understand that the by-laws, policies, and procedures of WVAA and ALL communications shall remain confidential to ALL non-members (including contracted staff, former employees/members/staff, family and friends).
2. I understand that if I do not comply with the aforementioned policy of WVAA concerning confidentiality, I may be subject to disciplinary action up to and including discharge from membership and/or employment of WVAA with or without notice.
3. I understand that I will cease and desist of making false or defamatory statements regarding WVAA, its officers, members and/or employees immediately, otherwise WVAA shall pursue legal action against me.

Signature: _____

Printed Name: _____

Dated: _____

Officer Witness: _____