

Marathon Area Volunteer Ambulance Corps, Inc.

MAVAC

PO Box 132, 2 Peck St.
Marathon, NY 13803-0132
(607) 849-6157
(607) 849-3263 fax

APPLICATION FOR VOLUNTEERS

MAVAC is an equal opportunity employer. Prospective employees/volunteers will receive consideration without discrimination because of race, creed, color, sex, age, national origin, marital or veteran status, disability or any other legally protected status.

Personal Information

Name: _____ Date: _____

Address: _____ Social Sec #: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Date of Birth: _____

General Information

Driver's License #: _____ State: _____ Class: _____

Is your driver's license valid? _____

Are you a U.S. citizen or do you have the legal right to work in the U.S.? _____

Have you been convicted of a moving violation in the past year? _____

Have you ever been convicted of DWI or had your license revoked or suspended? _____ If yes, explain:

Have you ever been convicted of a misdemeanor or a felony? _____ If yes, explain:

Prior EMS Training/Certifications (if any)

NYS EMT #: _____ Certification (circle): EMT, EMT-Critical Care, or Paramedic

Please list all current professional EMS licenses, certifications, and registrations (including CPR, ACLS, PALS, etc.):

Type	Registration #	State Issued	Year Began	Expir. Date
1)	_____			
2)	_____			

Have you previously worked for, or been a member of, a combination volunteer or paid EMS ambulance organization? _____ If yes, where? _____

Has a disciplinary investigation or action ever been conducted concerning your professional activities as an EMS provider? _____ If yes, please explain:

Have any of your licenses, registrations or certifications pertaining to EMS ever been suspended, revoked or restricted? _____ If yes, please explain:

Have you ever been disciplined, fired, or placed on probation for any of the following: poor job performance, excessive absenteeism, insubordination, violating safety rules, fighting, patient mistreatment, alcohol/drug related activity at work? _____ If yes, please explain:

Please describe your general availability to volunteer at MAVAC and what type of involvement you are interested in (e.g. driver, EMT, both):

Please attach photocopies of your current driver's license and any EMS certification cards you might have (including CPR, ACLS and PALS, etc.) to this application form.

Education/Training Background

High School: _____

Address: _____

Did you graduate? _____ Year: _____

If not, highest grade completed? _____ Have you received your GED? _____

College/University: _____

Address: _____

Years Completed: _____ Did you graduate? _____ Year: _____

Major: _____ Minor: _____

Technical School or Other Training: _____

Address: _____

Years Completed: _____ Did you graduate? _____ Year: _____

Major/Program: _____

Employment/Volunteer History

Please list your last three (2) employers or volunteer activities, starting with the most current. Include any military service as well. You may also attach a resume to this application to provide a more detailed employment history, but please complete the application form.

1) Employer Name and Address: _____

Start Date: _____ End Date: _____ Hours/Week Worked: _____

Supervisor's Name/Phone #: _____

May we contact this individual? _____

Reason for leaving? _____

2) Employer Name and Address: _____

Start Date: _____ End Date: _____ Hours/Week Worked: _____

Supervisor's Name/Phone #: _____

May we contact this individual? _____

Reason for leaving? _____

Please list any other training or emergency services experiences that you have that may be relevant to your participation in MAVAC:

References

Please provide the names and contact information for three (3) people, other than relatives, who have knowledge of your character and professional and educational experiences that we may contact for a reference:

	Name	Contact Phone #	Relationship
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Volunteer Applicant's Agreement

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for volunteering with MAVAC and may be considered justification for dismissal. If discovered at a later date, my involvement with MAVAC may be terminated. I understand that my volunteering with MAVAC depends on receiving favorable personal references and passing MAVAC's health physical exam. I also understand that my membership will be on a probationary basis in accordance with current MAVAC policies. I hereby authorize MAVAC to contact my references as to my qualifications. I understand that any information obtained is considered confidential, and I hereby release my references from all liability for issuing such information.

Signature of volunteer applicant

Printed name of volunteer applicant

Date