



## Easy As 1-2-3 Application Instructions

Attached you will find the following:

- Operational Membership Requirements
- Membership Application
- Physician's Statement
- Criminal History Records Check Form

1. Please read the Operation Membership Requirements.
2. Please fill out the Membership Application.
3. Please have your doctor fill out the Physician's Statement.
4. Please fill out the Criminal History Records Check Application and have notarized.

Please return Application and Physician's Statement to the following address:

SAVES, Inc.  
Attn: Jeff VanBevern  
77 Fennell Street  
Skaneateles, New York 13152

If you have any further questions, please feel free to contact Jeff VanBevern at 315-685-5217



## **OPERATIONAL MEMBERSHIP**

*Requirements for an Operational Member are:*

Neat Appearing

Good Moral Character

Attendant - 18 Years or older

Driver - 18 Years or older

Approval by SAVES Membership Committee and Executive Board.

Must hold or be willing to acquire as soon as possible, a current Certified First Responder or Emergency Medical Technician card.

Must hold or be willing to acquire as soon as possible  
Cardio-Pulmonary Resuscitation card.

Take a course in patient handling and familiarization of all ambulance equipment.

All drivers must hold a valid NY State drivers license and take ambulance drivers course.

All operational members must attend 4 operational meetings per year.

All operational members must contribute a minimum of 24 hours each month.

Required to serve a six-month probation period.

When training is completed, all members must ride as an attendant until approval as Crew Chief is granted by the Director of Operations.

*New York State Rule 800: in part- Persons convicted of drug abuse\*, or who are currently under charges for such, will not be eligible for certification. (840.1(f)) and (841.1 (e))*

*\* Or sale of drugs.*



# Application

Date \_\_\_\_\_

Miss \_\_\_\_\_  
Ms. \_\_\_\_\_  
Mrs. \_\_\_\_\_  
Mr. \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

DOB \_\_\_\_\_ Occupation \_\_\_\_\_

Check position your desire (You may check all)

Driver \_\_\_\_\_ Attendant \_\_\_\_\_ Crew Chief \_\_\_\_\_

Check all that apply:

|             | √     | Exp. Date |
|-------------|-------|-----------|
| CPR         | _____ | _____     |
| EMT, AEMT__ | _____ | _____     |
| RN          | _____ | _____     |
| LPN         | _____ | _____     |

Other Qualifications \_\_\_\_\_

Physician's Certification Required

Do you have any disabilities that might prevent you from adequately carrying out your duties:

Yes \_\_\_\_\_ No \_\_\_\_\_

Three References:

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

4. \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_ a duly licensed physician, hereby certify that  
\_\_\_\_\_ is (fully) (restrictively) (not) physically qualified to  
perform the duties of attendant/driver on the Skaneateles Ambulance Volunteer Emergency Service  
(SAVES).

If restrictively qualified please note the reason,

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Signature

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Please print name

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Street Address

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City, State and Zip