



Nunda Volunteer Ambulance Service

of the Nunda Fire Department, Inc.

29 North State Street, PO Box 652, Nunda, NY 14517

Membership Interest Form

Applicant's Name : _____

Street Address : _____

City/State/Zip : _____

Phone : H (____) _____ - _____ W : (____) _____ - _____ C : (____) _____ - _____

Email : _____ Date of Birth : _____ - _____ - _____

Driver Only - I would be interested in joining the Nunda Volunteer Ambulance Service as a driver only.

- Training provided:
 - Initial driver orientation
 - CPR/AED for the Professional Rescuer
 - Emergency Vehicles Operations Class (EVOC) within one year of joining

Crew Member - I would be interested in joining the Nunda Volunteer Ambulance Service as an Emergency Responder.

- Training provided:
 - Initial driver orientation
 - CPR/AED for the Professional Rescuer
 - American Red Cross - Emergency Response Class

EMT/CFR/RC-ER - I already have my certification and would be interested in joining the Nunda Volunteer Ambulance Service as a Red Cross Emergency Responder, a NYS Certified First Responder or NYS Emergency Medical Technician.

I currently possess the following certifications:

- NYS Emergency Medical Technician (EMT) certification: Expires : _____
- NYS Certified First Responder (CFR) certification: Expires : _____
- Red Cross Emergency Response certification : Expires : _____
- Red Cross or American Heart Assoc. CPR/AED certification : Expires : _____

- I agree to abide by the rules and regulations set forth by the Constitution, By-Laws, and Standard Operating Guidelines of the Nunda Volunteer Ambulance Service.
- I acknowledge that I will be serving a six month probationary period, prior to permanent membership, and I agree to fulfill my duties to become a permanent member of this Service.
- I further acknowledge that I am responsible for continued education and advancement according to New York State EMS protocols, as recommended by the officers of the Nunda Volunteer Ambulance Service.
- I understand that I must obtain a sponsoring endorsement from an active member of the Nunda Volunteer Ambulance Service to be considered for membership: Sponsoring Member : _____

I have been convicted of a crime (not including traffic violations): If checked, please provide details below:

Applicant's Signature: _____ Date : _____

You can submit this application electronically; however you will be required to provide an original signed copy prior to final approval.



We Need YOUR Help

The **Nunda Ambulance Service** is trying hard to remain a volunteer organization funded solely through tax dollars and donations. However, numerous factors, such as increased certification training hours, average annual call volumes of 450 calls, reduced support from schools, businesses, and government agencies to release employees, median age of responding personnel, reduced number of active members in the Corps) are forcing us to reach out.

With patient care being the top priority, we either need more help by having qualified people joining the ranks, (*many hands make light work*), so that we can crew the calls, or we need other agencies to come in on a scheduled basis to take our calls. The latter most likely being Mt. Morris, who charges a flat fee plus mileage to the patient.

If you think you can help us, help the community, by serving with enthusiasm and dedication, we will pay for the training. Please complete the membership interest form on the back and give it to an ambulance member for sponsorship.

Nunda Volunteer Ambulance Service

Remember, you can start serving your community by being a driver only or if you want to help more, you can become an Emergency Responder.

Thank you ...

