



SAVES Application Instructions

Attached you will find the following:

- Operational Membership Requirements
- Membership Application
- Physician's Statement

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.

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

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

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



Operational Membership

Requirements for an Operational Member are:

- Attendant – must be 18 years of age or older
- Driver – must be 18 years of age or older
- Good Moral Character
- Neat Appearance
- Approval by SAVES Membership Committee and Executive Board
- Must hold, or be willing to acquire as soon as possible, a current New York State Certified First Responder or Emergency Medical Technician (NYS EMT-B) certification
- Must hold, or be willing to acquire as soon as possible, a Cardio-Pulmonary Resuscitation certification
- Take a course in patient handling and familiarization with all ambulance equipment.
- All driver candidates must hold a valid NY State Driver's License and take an Emergency Vehicle Operations Course prior to beginning driver training
- All operational members must attend 4 operational meetings per year
- All operational members must contribute a minimum of 24 hours each month
- Required to complete a six-month probation period
- When training is completed, all members must ride as an attendant until as Crew Chief / EMT approval 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: ____/____/____

First Name _____ Middle Initial _____ Last Name _____

Street _____

City _____ County _____ Zip _____

Home / Cellular 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, A-EMT, Paramedic (circle appropriate)	_____	_____
RN	_____	_____
LPN	_____	_____

Other Qualifications

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

Yes _____ No _____

Physician's Certification Required – see next page

Three References Required:

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

4. _____ Phone _____



Physician Certification of Health Status

I, _____ a duly licensed NYS physician, hereby certify that _____ is (fully) (restrictively) (not) physically qualified to perform the duties of Crew Chief / Driver at Skaneateles Ambulance Volunteer Emergency Service (SAVES) Ambulance.

Current Status of PPD (*Mantoux test (also known as the Mantoux screening test, Tuberculin Sensitivity Test, Pirquet test, or PPD test for Purified Protein Derivative) is a diagnostic tool for tuberculosis*)

PPD Negative Date: _____, Location _____, Please attach results.

PPD Positive Date: _____

Last Chest X-Ray Date _____, Location _____, Results _____, Please attach results.

Current Status of Hepatitis B

Hepatitis B vaccine is contraindicated for medical reasons _____ (MD)

Employee/student declines the vaccination series *** _____ √ (Emp/Student)

Hepatitis B Vaccination Series received Date, _____ Agency _____ ***

Antibody Testing indicates employee is immune to Hepatitis B Date, _____ Agency _____ ***

*** (*attach Documentation*)

If restrictively qualified please note the reason,

Signature

Please print name

Street Address

City, State and Zip