



Established
1962

Greater Baldwinsville Ambulance Corps, Inc.

Post Office Box 744
Baldwinsville, New York 13027

Dear G.B.A.C. Applicants:

Please take a moment to read this letter, as it provides a valuable insight into the application process for G.B.A.C. membership.

This application, including the letters of reference and all required OSHA paperwork (to follow) **must be filled out and returned by the first of the month of the orientation you wish to attend.** Once you have turned in the application, our OSHA Office will contact you with further requirements.

The tentative Orientation scheduled is as follows (all sessions are scheduled for 1:00-6:00pm)

January 15, 2012
March 18, 2012
May 20, 2012
July 15, 2012
September TBA
November 4, 2012

Once an applicant has been accepted by the organization and has been through the orientations session and all pre-requisites are met, he/she becomes a provisional member for 4-6 months.

Further information concerning the provisional member process or membership information will be discussed at an orientation session. For questions and concerns please feel free to contact us.

Sincerely;
The Membership Committee

Joseph Milliman; AEMT-P
Membership Chairman
(315) 751-0702

Shannon Gannoe; EMT-B
Membership Co-Chair
(315) 558-0735

**Application for Membership
Greater Baldwinsville Ambulance Corps.**

P.O Box 744
Baldwinsville, NY 13027

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____ Date of Birth _____

Even though you do not have to work only these shifts, for scheduling purposes when do you plan on riding at GBAC:

Sunday___ Monday___ Tuesday___ Wednesday___ Thursday___ Friday___ Saturday___

Days___ Evenings___

Are you willing to have the required physical examination? Yes No

Are you willing to have a required Background Check? Yes No

Please list any other certifications/degrees that you feel would be beneficial to GBAC (PALS, ACLS, PHTLS, RN, LPN, etc.)

Yes, please list any affiliations you have had in the past with any other Ambulance Corps, Fire Department, or Emergency Service Unit. May we contact them? Yes No

Have you ever had your membership revoked from an organization or your certifications suspended or revoked? (Yes does not mean automatic disqualification) Yes No

If yes, please explain:

Do you have a Driver's License? Yes No License Number _____

In a few sentences, please explain why you want to become a member of the Greater Baldwinsville Ambulance Corps:

Your application will be considered complete when we receive three letters of reference (attached) from work, school, personal life (family members will NOT be accepted nor will family members of significant others). In the meantime, our OSHA Office will be in contact with you.

I authorize the Greater Baldwinsville Ambulance Corps or its designee to investigate my background, including but not limited to my driving and criminal history record. To the best of my knowledge, I attest that the above information is true and understand that I may be held accountable for any false statements made in the application.

Printed Name _____

Signature _____

Date _____

Greater Baldwinsville Ambulance Corps Reference Letter

Date _____

_____ is apply for membership in the Greater Baldwinsville Ambulance Corps and has given your name as a reference. We would appreciate it if you could take a few moments and complete this form for him/her. Your comments will be kept strictly confidential.

How long have you know the applicant?

What is your relationship with the applicant?

Do you feel this applicant will make a good candidate for Emergency Medical Services? _____

Please Explain _____

Please comment briefly on your feeling regarding this applicant's character, and please be honest.

Please feel free to add additional comment to the reverse side. Thank you for your time.

Signature _____ Printed Name _____

Date _____ Phone Number _____ Best Time to call _____

Sincerely;
The Membership Committee

Please mail to:
Greater Baldwinsville Ambulance Corps
Attn: Membership Committee
P.O. Box 744
Baldwinsville, NY 13027

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