



# Coventry Emergency Squad, Inc.



P.O. Box 646, Greene, N.Y. 13778  
Phone (607) 656-4060 Fax (607) 656-4555

## APPLICATION FOR MEMBERSHIP

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

SSN # \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you possess a valid driver's license? (Yes) (No)

Driver's License # \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration: \_\_\_\_\_

EMT-B \_\_\_\_\_ AEMT \_\_\_\_\_ AEMT-P \_\_\_\_\_

EMT Certification # \_\_\_\_\_ Expiration: \_\_\_\_\_

### Position Desired

EMT-B \_\_\_\_\_ AEMT \_\_\_\_\_ EMT-P \_\_\_\_\_ Driver \_\_\_\_\_ Other \_\_\_\_\_

Date that you are first available to start volunteering: \_\_\_\_\_

Please submit a copy of your current Driver's License and EMT, CPR, or  
any other valid certification cards or certificates.



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## General

Have you ever been convicted of a crime? (Yes) (No)

If yes please describe the nature of the offense, when, where and Disposition: \_\_\_\_\_

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\_ Have you ever been volunteered here before? (Yes) (No)

If yes please give dates and reason for leaving. \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Reason for leaving. \_\_\_\_\_

Have you ever submitted an application here before? (Yes) (No)

If yes when? \_\_\_/\_\_\_/\_\_\_ Please list any Special Training or Certificates you may possess.

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\_ Please list any friends or relatives currently volunteering with CESI.

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Have your privileges to practice as an EMT/ AEMT ever been suspended or revoked? \_\_\_\_\_

If yes, Please explain.

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## Employment History

Please list most recent employer first, along with a 5-year employment history in order of employment.

Present or most recent employer:

-Name and address of employer: \_\_\_\_\_  
\_\_\_\_\_

Immediate supervisor: \_\_\_\_\_ May we contact Supervisor? (Yes) (No)

Describe duties or positions held: \_\_\_\_\_

Dates of employment: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Phone Number: \_\_\_\_\_

Salary: \$\_\_\_\_\_ Reason for leaving: \_\_\_\_\_

-Name and address of employer: \_\_\_\_\_  
\_\_\_\_\_

Immediate supervisor: \_\_\_\_\_ May we contact Supervisor? (Yes) (No)

Describe duties or positions held: \_\_\_\_\_

Dates of employment: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Phone Number: \_\_\_\_\_

Salary: \$\_\_\_\_\_ Reason for leaving: \_\_\_\_\_

-Name and address of employer: \_\_\_\_\_  
\_\_\_\_\_

Immediate supervisor: \_\_\_\_\_ May we contact Supervisor? (Yes) (No)

Describe duties or positions held: \_\_\_\_\_

Dates of employment: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Phone Number: \_\_\_\_\_

Salary: \$\_\_\_\_\_ Reason for leaving: \_\_\_\_\_



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## **Education & Other Training**

Do you possess a High School Diploma or Equivalent? (Yes) (No)

Do you possess a College Degree? (Yes) (No)

If yes, please list Major (s) of study: \_\_\_\_\_

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List names of schools, which you attended, Course of study, and degree, or diploma (s) received:

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Please list training history:

| Instructor: | Course Location | Level of Cert. | Dates of Course |
|-------------|-----------------|----------------|-----------------|
|             |                 |                |                 |
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Volunteer Service

Please list current or previous affiliations with volunteer services (Fire, EMS, Other)

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## **References**

Please list names, addresses and phone numbers of 3 personal references:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## **Authorization**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to may any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Signature \_\_\_\_\_ Date \_\_\_\_\_

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
(DO NOT WRITE BELOW THIS LINE)

REMARKS:

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# *Chenango County Sheriff's Office*

## CONSENT AND RELEASE BY INDIVIDUAL

I, \_\_\_\_\_, residing at \_\_\_\_\_, in the Town of \_\_\_\_\_, New York, hereby request, authorize and direct that the Chenango County Sheriff's Office or his deputies, employees and agents conduct a review of any and all records regarding me to which the Chenango County Sheriff's Office has access, either directly or indirectly, and report, release and/or divulge the results of said investigation in a form and manner as the Sheriff, their deputies, employees or agents, as in his/her or their sole discretion, deem appropriate to the following person, organization, agency or entity:

Agency or Entity\*: **COVENTRY EMERGENCY SQUAD INCORPORATED**

Address: **PO BOX 646, GREENE, NEW YORK 13778**

Telephone: **(607) 656-4060** Fax: **(607) 656-4555**

I acknowledge, understand and agree that the accuracy of any said information is not subject to the control of the Chenango County Sheriff's Office. I further acknowledge understand and agree that the Chenango County Sheriff's Office has no control over the use of any information once released and cannot control any re-release or further dissemination of said information provided pursuant to the Consent and Release.

Further, I do hereby release, remove, and discharge the said Sheriff, their deputies, employees and agents and the County of Chenango, it's officers, agents and/or employees of and from any and all causes of action, suits, claims, liability, damages and any demands whatsoever, in law or in equity, which I ever had, now have or which my legal representative or future grantees of title shall or may have by reason of matter, action, failure to act or thing whatsoever, and particularly, but not limited to, the acts or omissions of the Chenango County Sheriff's Office in regard to this Consent and Release.

# Chenango County Sheriff's Office

## CONSENT AND RELEASE BY INDIVIDUAL

Further, I agree to indemnify and hold harmless the Sheriff, their deputies, employees and agents, the County of Chenango, its officers, employees and agents from and against any and all claims, loss, or expense including legal cost that may arise by reason of liability or damage, injury or death, or for invasion of personal or property rights, of every name and nature, and any other claim for damages arising at law and equity alleged to have been caused or sustained in whole or in part by or because of any omission of duty, negligence or wrongful act on the part of the Chenango County Sheriff's Office and the County of Chenango in connection herewith.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### ACKNOWLEDGEMENT

**STATE OF NEW YORK)**

**COUNTY OF CHENANGO) :SS:**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the subscriber, personally appeared \_\_\_\_\_, to me known and known me to be the same person described in who executed the foregoing instrument, and he/she acknowledged to me that he/she executed the same.

**NOTARY PUBLIC**

# Chenango County Sheriff's Office

## ORGANIZATION REQUEST FOR BACKGROUND

### CHECK AND RELEASE

TO: Chenango County Sheriff's Office

FROM: Agency or Entity\*: **COVENTRY EMERGENCY SQUAD INCORPORATED**

Address: **PO BOX 646, GREENE, NEW YORK 13778**

Telephone: **(607) 656-4060** Fax: **(607) 656-4555**

Authorized Official: \_\_\_\_\_

\*If incorporated, use legal corporate name

DATE: \_\_\_\_\_

On behalf of the agency, I request that the Chenango County Sheriff's Office review records which it has custody of regarding the following individual:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MAIDEN NAME: (if applicable) \_\_\_\_\_

For the purposes of providing readily available information governing this individual's personal background. He or She applied for a position or other relationship with this agency or entity and has consented to this request as indicated on the attached "Consent and Release by Individual".

This organization or entity acknowledges and agrees that the services of the Chenango County Sheriff's Office pursuant to this request are provided as a discretionary public government service, but that neither the Chenango County Sheriff's Office nor the County of Chenango assumes any responsibility for the accuracy or thoroughness of the information.



# Chenango County Sheriff's Office

## ORGANIZATION REQUEST FOR BACKGROUND

### CHECK AND RELEASE

It is acknowledged and agreed that no special relationship or duty is created or intended as the Chenango County Sheriff's Office or the county of Chenango, either directly or indirectly, by reason of the Chenango County Sheriff's Office accepting and/or acting on this request as a discretionary government service. The agency or entity hereby releases the Chenango County Sheriff's office and the County of Chenango, their officers, employees and agents from any liability or claim of any nature whatsoever arising, either directly or indirectly out of the act(s) or failure(s) to act pursuant to the request. Further, the organization or entity hereby agrees to indemnify and hold harmless, (including legal defense costs), the Chenango County Sheriff's Office, the County of Chenango, their officers, employees or agents from any demand, suit or claim of whatever nature without limitation which might arise, either directly or indirectly, with from request or any actions or omissions resulting there from.

The undersigned further certifies that He or She has been duly authorized to sign this document on behalf of the organization or entity and signs below on behalf of said organization or entity.

Agency or Entity: COVENTRY EMERGENCY SQUAD INCORPORATED

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

### ACKNOWLEDGEMENT

STATE OF NEW YORK)

COUNTY OF CHENANGO) :SS:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_, to me personally known, who being by me duly sworn, did depose and say that he or she resides at \_\_\_\_\_, Town of \_\_\_\_\_, State of New York: That He or She is (Title) \_\_\_\_\_ of COVENTRY EMERGENCY SQUAD INCORPORATED, the agency or entity described in and which executed the within instrument; that He or She signed the above instrument on behalf of said agency or entity and was fully authorized to do so.

NOTARY PUBLIC



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## HEP-B Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Officer Signature

\_\_\_\_\_  
Date



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## **Policy on Confidentiality and Dissemination of Patient Information and Staff Member Verification**

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. Coventry Emergency Squad, Inc. (CEMS) prohibits the release of any patient information to anyone outside the department except in limited circumstances and discussions or disclosures of protected health information (PHI) within the organization should be limited to the minimum necessary that is needed for the recipient of the information to perform their job. Acceptable uses of PHI within the organization include but are not limited to peer review, internal audits, quality assurance and billing. I understand CEMS provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of CEMS' patients. I understand that it is necessary, in the rendering of CEMS' services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential and protected by federal and state laws that prohibit its unauthorized use or disclosure.

I have received training in the confidentiality policies and procedures set in place by CEMS and agree I will comply with such policies and procedures during my entire employment with CEMS. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the CEMS HIPAA Privacy Officer (Captain or Lieutenant) immediately. In addition, I understand that breach of patient confidentiality or privacy may result in disciplinary action up to and including suspension or termination of my employment with CEMS. Upon separation of my employment for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession.

I have read and understand all privacy policies and procedures that have been provided to me by CEMS. I agree to all conditions of my employment set forth in this agreement. This is not a contract of employment and does not alter the nature of the volunteer/employment relationship between CEMS and me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_