

# Gouverneur Volunteer Rescue Squad, Inc.

1024 U.S. Highway 11  
Gouverneur, New York 13642  
P.O. Box 164  
Phone: (315) 287-1321  
Fax: (315) 287-2229  
Website: <http://www.gvrs-ems.org>



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Dear Applicant,

Thank you for expressing interest in the Gouverneur Volunteer Rescue Squad. In order to become a member there are a few requirements you must meet. They are explained as followed:

1. All applicants must be 18 years of age.
2. Must have a valid driver's license.
3. Physically and mentally able to perform duties.

The application process is quite simple. You have the option of submitting an online application at [www.gvrs-ems.org](http://www.gvrs-ems.org), or you can complete this paper application. Once you have the paper application completely filled out, you have the option to stop in at the station and drop it off, or you can fax it in.

You will be contacted to set up a date and time for an interview. When being asked questions in the interview, in person or on the phone, you will be expected to answer all of them honestly. You must prove to be honest, professional and of good moral character. Once the interview process is completed, your application will be reviewed by the Director of Operations and/or his or her designee. Following the review once your application is accepted, you will be contacted for further instructions. Please complete the following in your own handwriting. Failure to complete will result in the application being denied.

# MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Name (Last, First MI):

Date of birth:

Age:

Phone:

Current address:

City:

State:

ZIP Code:

Are you a U.S. Citizen? Yes\_\_\_\_ No\_\_\_\_

Driver's License Number:

Expiration Date (mm/dd/yy):

Do you own a vehicle? Yes\_\_\_\_ No\_\_\_\_

Have you ever been convicted of a felony? Yes\_\_\_\_ No\_\_\_\_

If yes, Explain:

Have you ever applied for or received a Pension, Workers Compensation or Disability Benefits? Yes\_\_\_\_ No\_\_\_\_

If yes, explain:

FUTURE CONVICTIONS MAY BE CAUSE FOR IMMEDIATE DISMISSAL FROM THE GOUVERNEUR RESCUE SQUAD

## EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Reason for Leaving:

## EDUCATION

High School Attended:

Last Grade Completed:

Did you graduate? Yes\_\_\_\_  
No\_\_\_\_

If no, do you have a G.E.D? Yes\_\_\_\_  
No\_\_\_\_

College, University, Trade School:

Degree:

## EMERGENCY CONTACT

Name (Last, First):

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

## REFERENCES

Please list 3 references that can provide professional information about you. Do not use relatives and avoid using current GVRS members if possible. All references will be checked with your application prior to approval.

Name:

Phone Number:

Name:

Phone Number:

Name:

Phone Number:

## EXPERIENCE

Do you have any EMS training or experience?

List any other organizations you currently belong with and your title:

# MEMBERSHIP APPLICATION

## AGREEMENT AND SIGNATURE

Whereas I am interested in being considered for a membership position with the Gouverneur Volunteer Rescue Squad, and I am required by the Gouverneur Volunteer Rescue Squad to disclose whether or not I have any convictions or have been charged under any federal, state or municipal agencies.

And whereas I understand that disclosure of a criminal record may not necessarily preclude me from performing the duties I am interested in.

And whereas I understand that, if the Gouverneur Volunteer Rescue Squad should decide any conviction or charge disclosed might preclude me from being involved, I will be given an opportunity to see and discuss that criminal record to determine whether or not my criminal record indicated that I present a risk to participants.

I therefore authorize the Gouverneur Police Department, New York State Police, and/or the St. Lawrence County Sheriff's Department to determine whether or not I have a criminal record and to make the Gouverneur Volunteer Rescue Squad a full and complete disclosure of any record they may find.

Name (printed):

Date:

Signature:

Date:

## OUR POLICY

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us!