

EMERGENCY
386-9898



GLENDALE VOLUNTEER AMBULANCE CORPS, INC.

INFORMATION
386-9651

HEADQUARTERS:
65-11 Myrtle Avenue
Glendale, NY 11385

MAILING ADDRESS:
P.O. Box 863991
Ridgewood, NY 11385



Dear New Member:

I would like to take this opportunity to thank you for your interest in becoming a member of the Glendale Volunteer Ambulance Corps. While being a member of an ambulance corps ultimately is a rewarding experience, it requires a lot of time and dedication on your part, as well as ours. By becoming a member of the Glendale Volunteer Ambulance Corps, you will become part of a team.

The documents enclosed with this letter (which are also listed below) are all part of our membership package. Items 1 through 3 listed below are documents that you will need to have completed prior to becoming a member. Items 4 through 7 are for your reference.

- 1) Membership Application
- 2) Disclosure and Release Letter
- 3) Physical Examination Form – To be completed by a physician
- 4) General Meeting Notice Letter
- 5) Copy of Ten-Codes (for your use since these are used in daily operation).
- 6) List of current Officers
- 7) Uniform requirements

After completing the above membership package, we will require a letter of reference from someone that is not already a member of the GVAC.

In addition to completing the documents listed above, the membership process also includes having your name read at the next two General Meetings (which are held the first Monday of every month at the Greater Ridgewood Youth Council Building located at 62-04 Myrtle Avenue near 62nd street in Glendale). We refer to this process as receiving your "callings." While you are not required to be present for your first calling, it is suggested that you attend because it will give you an opportunity to be introduced to the General Membership, the Officers and the Training Director. You will also be encouraged to sign up for a training shift. You are required to be present at your 2nd calling. At that meeting, approval of your membership will be made by the General Membership. Once again, you will be encouraged to sign up for more training shifts. Once you become a member, we ask that you sign up for at least two shifts a month, however if that is absolutely impossible we do appreciate any and all time you can give. Remember, you will get out of your membership here only that which you put in.

If you have any questions or concerns, please feel free to contact Samantha Gunning chairperson of the membership committee at the ambulance corps or at 347-680-4127.

Once again I would like to thank you for your interest in becoming a member and I look forward to having you become part of our team.

Sincerely,

Ryan Gunning

Ryan Gunning
President

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MEMBERSHIP CHECKLIST

Name: _____

- Membership Application
- Medical Form
- GVAC Disclosure Form
- Copy of Driver's License (if applicable)
- Copy of Social Security Card
- Copy of Certifications (if applicable)
- Character Reference Letter

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MEMBERSHIP APPLICATION

Name: _____ Social Security #: _____

Home Address: _____ City/State/Zip: _____

Home Phone #: _____ E-mail Address: _____

Sex: M F Date of Birth: _____ Marital Status: _____ # of Children: _____

Do you give permission to do a background check? Yes No

Occupation: _____ Work Phone #: _____

Business Address: _____ City/State/Zip: _____

Height: _____ Weight: _____ Eyes: _____ Hair Color: _____

Driver's License ID #: _____ State: _____

Do you give permission to have your driver's record checked with the motor vehicle bureau?
 Yes No

Have you been convicted of a criminal offense? Yes No

Available days & Hours: _____

Position Applied For: Dispatcher Crew Chief Attendant Driver

Emergency Contact: _____ Phone #: _____ Relationship: _____

Do you have any first aid training at the present time? (Please check all that apply)

- | | |
|---|------------------------|
| <input type="checkbox"/> Standard First Aid and Personal Safety | Expiration Date: _____ |
| <input type="checkbox"/> Basic First Aid | Expiration Date: _____ |
| <input type="checkbox"/> Advanced First Aid and Emergency Care | Expiration Date: _____ |
| <input type="checkbox"/> CPR | Expiration Date: _____ |
| <input type="checkbox"/> NYS Certified First Responder | Expiration Date: _____ |
| <input type="checkbox"/> NYS Emergency Medical Technician | Expiration Date: _____ |
| <input type="checkbox"/> None | |

SPECIAL CONDITIONS

The applicant agrees to abide by the Constitution, By-Laws and SOP's of the G.V.A.C. and any other rules established by the Corps. By accepting membership in the Corps, the applicant agrees to serve during designated hours and makes her/himself available at such times.

The applicant also agrees to a physical examination by his/her own doctor.

The applicant must submit a character reference (employer/clergy) with this application.

No member may at any time accept money or other reimbursement for his/her services.

Donations for the Corps., if accepted while serving, are to be placed in a sealed envelope and given to the dispatcher.

The applicant will begin her/his probationary period and will be assigned a tour of duty as an observer at the time of acceptance into the Corps.

I hereby declare that I have read the special conditions and the above information I have given is complete and true, to the best of my knowledge.

Signature: _____ Date: _____

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DISCLOSURE AND RELEASE

In connection with my application for membership or employment (including contact for services) with THE GLENDALE VOLUNTEER AMBULANCE CORPS, I understand that, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, license suspensions and revocations.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to obtain information as to the name, address and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for the organization to procure Motor Vehicle Reports at any it me during my employment, membership or contact period.

Print Name

Social Security Number

Signature

Date

Driver License Number

State

(For office use only – Do not fill in any of the following)

Interviewed By: _____

Committee Action: _____ Date: _____ Approved Disapproved

First Call: _____ Second Call: _____ Approved Disapproved

Started Probationary Period: _____ Ended Probationary Period: _____

Type of First-Aid Training Needed: Standard CPR EMT

Started First-Aid Class: _____ Completed First-Aid Class: _____

Physical Examination Completed: _____ By Dr. _____

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PHYSICAL EXAMINATION FORM

(FORM MUST BE STAMPED AND SIGNED BY DOCTOR)

Name: _____ Age: _____ Sex: M F
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone #: _____

History: Place an (X) in the appropriate column for any illness that you have now or have had.

- | | |
|--|--|
| Allergies <input type="checkbox"/> | Heart Trouble <input type="checkbox"/> |
| Asthma <input type="checkbox"/> | High Blood Pressure <input type="checkbox"/> |
| Anemia <input type="checkbox"/> | Kidney Trouble <input type="checkbox"/> |
| Bleeding Tendencies <input type="checkbox"/> | Nervous Breakdown <input type="checkbox"/> |
| Diabetes <input type="checkbox"/> | Rheumatism or Arthritis <input type="checkbox"/> |
| Epilepsy <input type="checkbox"/> | Stroke <input type="checkbox"/> |
| Glaucoma <input type="checkbox"/> | |
| Hernia <input type="checkbox"/> | |

Handicap (Specify): _____

Hearing Disorder: _____

List any Medication you are presently taking regularly: _____

Previous Hospitalization (Excluding Pregnancies) and Why: _____

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Previous Surgery and Why: _____

PHYSICAL

Height: _____ Weight: _____ B/P: _____ Pulse Rate: _____

Vision: Right: _____ Left: _____ Both: _____

Head: _____ Neck: _____

Chest: _____ Lungs: _____

Heart: _____ Abdomen: _____

Extremities: _____

M.D. Signature

M.D. Stamp

Date

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Dear

The next general meeting of the Glendale Volunteer Ambulance Corps will be held on Monday, / / at 8:00 p.m. at the Greater Ridgewood Youth Council at 62-04 Myrtle Avenue near 62nd Street.

As a prospective new member, your name will be called to the attention of the membership for the first time. **Your attendance at this meeting is required.**

Your name will be called to the attention of the membership for the second time at the following general meeting, which will be held on Monday, / / at 8:00 p.m. It is imperative that you attend this meeting personally to validate your intended membership.

We look forward to welcoming you.

Sincerely,

Membership Committee

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G.V.A.C. RADIO CODES

Ten Code	Description
10-00	EMERGENCY-CLEAR RADIO FREQUENCY
10-01	Call G.V.A.C. Dispatcher
10-02	Report to Office
10-04	Acknowledgement
10-05	Repeat Last Message
10-06	Stand-By
10-12	Update on Scene
10-13	<i>CREW REQUESTING EMERGENCY ASSISTANCE</i>
10-20	Continue Response at Reduced Speed
10-62	Out of Service
10-63	<i>Unit Responding</i>
10-81	<i>At Hospital</i>
10-82	<i>To Hospital</i>
10-83	DOA
10-87	Cancel Call
10-88	<i>Arrived at Scene</i>
10-90	Unfounded
10-93	RMA
10-94	Patient Treated by this Unit, Transported by another (State Who)
10-96	Gone on Arrival
10-97	Available (In Area)
10-98	<i>Available</i>
10-99	At Headquarters
10-100	Meal / Personal Request

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2008 OFFICERS

President	Ryan Gunning
1 st Vice President	Helen Fries
2 nd Vice President	Thomas Meehan Jr.
Service Director	Kathy O'Hara
Treasurer	Samantha Gunning
Youth Corps Director	Kristie McLaughlin
Recording Secretary	Kathy O'Hara
Corresponding Secretary	Samantha Gunning
Parliamentarian	Charles Hummel
Historian	Melissa Graziano
Chaplain	Thomas Meehan Sr.
Sergeant at Arms	Edwin Rodriguez
Equipment Director	George Ewings
Long Term Director	Michael Doherty
Long Term Director	Herb Koerber
Long Term Director	Kristen Whalley

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All new GVAC members must purchase a **navy blue** button-down (long or short sleeve) shirt. We recommend that you go to:

Tel/Fax: (718) 849-3861

Go-Paul's

UNIFORMS ★ POLICE EQUIPMENT
EMS SUPPLY ★ MEDICAL APPAREL

105-02 Jamaica Ave., Richmond Hill, NY 11418

Prices for Uniform

Navy Blue Dress Shirt is \$25. 00

Navy Blue Dress Pants is \$39. 50 with alterations

Navy Blue EMT or NYPD work pants are \$29. 50 with alterations

Once you become a member you will be issued one (1) GVAC Patch for you dress shirt any other patches will cost \$ 4 .00

Please when buying Dress uniforms bring this letter to an officer so you can be issued your patch.

Office Note: Paul the above member is approved to buy our dress uniform and work pants necessary.

Uniform Committee - GVAC