



Croton-on-Hudson Emergency Medical Services

44 Wayne Street, Croton-on-Hudson, NY 10520

Application for Membership

Name
Address
Telephone Number
Member sponsoring applicant: _____ Date of application: ___ / ___ / ___
Applicant's E-Mail Address: _____

Are you 18 years or older? Circle one: YES NO

If NO, please provide Date of Birth: Month: _____ Date: _____ Year: _____

Are you a citizen of the United States? Circle one: YES NO

If no, are you legally in the United States? Circle one: YES NO

Have you ever been an EMS worker before? YES NO Where? _____

Reason for leaving? _____

Present Employer: _____ How long: _____

Supervisor's Name: _____ Telephone No.: _____

List EMS certs. and training courses and location taken (Use back if necessary): _____

List EMT #, expiration date and for which state: _____

If accepted as a member of Croton Emergency Medical Services, I will abide by the Constitution of the United States, laws, rules and regulations of the New York State Department and Health, Westchester County WREMSCO and Croton Emergency Medical Services By-Laws and Standard Operational Guidelines and faithfully fulfill all of the requirements of membership. I understand that intentional falsification of this document, violating the Constitution and or By-Laws, may result in the immediate dismissal from Croton Emergency Medical Services.

Applicants Signature Date



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List three references:

Name _____	Address _____	Telephone No. _____
Name _____	Address _____	Telephone No. _____
Name _____	Address _____	Telephone No. _____

EMS Department Use Only

EMS Membership Committee:

1) _____ Position: _____

Comments: _____

2) _____ Position: _____

Comments: _____

3) _____ Position: _____

Agency Comments: _____

References contact comments: _____

Approved: Disapproved: If disapproved, reason: _____

Croton EMS Membership Vote

Ayes: _____ Nays: _____ Abstentions: _____

Approved: Disapproved: If disapproved, reason: _____



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Application for Membership

To: **Applicant for membership**

From: **Croton EMS Membership Committee**

Subject: **Membership requirements**

ARTICLE 1 - MEMBERSHIP

A person interested in joining Croton EMS must submit a written application. Under no circumstances may a person become an active member without first serving as a probationary member.

- a) Members are required to report to the Croton EMS Secretary, in writing, any change of address or phone number change with 15 days of the change.
- b) Members shall maintain a professional look and attitude while on duty
- c) Members shall abide by the Village of Croton-on-Hudson good ethics guidelines
- d) Members shall abide by the Village of Croton-on-Hudson sexual harassment regulations
- e) Members are required to make 25% of regular business meetings
- f) Members are required to make 25% of training
- g) Members are required to make a yearly average of 24 hours per month for duty crews or 7% of pager calls.
- h) Members will not be allowed to be a member of Croton EMS with any conviction of any felony from any state or any conviction or violation from any state pertaining to any sexual crime.

1.1 Probationary

In order for members that have been newly elected into Croton EMS, to advance from probationary to active status, they must meet the following criteria within six (6) months of being accepted into membership. Additional time need past the 6 months, must be put in writing and addressed at a regular meeting.

1.11 Must have successfully completed the Croton EMS orientation course before becoming an active member.

1.12 The Training Committee shall make the recommendation as to the appropriateness of advancing the probationary member to Active status at a regular business meeting and no later than six months after the member's election to probationary status. Only the Captain has the authority to advance a member from probationary status to Active membership.

1.13 The probationary member must possess the following to qualify for advancement to active status:

- a) Current certification as a NYS Emergency Medical Technician or
- b) Current certification as a NYS First Responder or
- c) Current American Red Cross or ASHI First Aid certification or
- d) Current American Red Cross, American Heart Association or ASHI certification indicating proficiency in BLS CPR