



Northern Onondaga Volunteer Ambulance, Inc.  
4425 Buckley Road  
Liverpool, NY 13090  
(315) 622-1443

**Application for Membership/Employment**

| Volunteer                                       | Paid Staff                            |                                    |
|---|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Operational Member     | <input type="checkbox"/> ALS Provider | <input type="checkbox"/> Full Time |
| <input type="checkbox"/> Non-operational Member | <input type="checkbox"/> EMT/Driver   | <input type="checkbox"/> Part Time |

**Personal Information**

Name  Social Security #

Address

City  State  Zip Code

Home Phone  Cell Phone  Work Phone

Email Address

Driver's License #  Class  Expiration

Referred by  Date you can start

Are you currently employed  Yes  No Can we contact your employer  Yes  No

Highest level of education  Degree/Major

Other Interests

**EMS Information**

Current EMT Level  Paramedic  Critical Care  Basic

EMT #  EMT Expiration  CPR Expiration

Date of first EMT-B cert  Date of first advanced EMT cert

Number of refreshers  NREMT  Yes  No

Have you been an approved/qualified ambulance driver  Yes  No

If yes, where  Number of years

Have you had OSHA Bloodborne Pathogen Training  Yes  No

If yes, name of instructor/evaluator

List specialized certifications or courses attended:

|  |
|--|
|  |
|--|

**Submit copies of all applicable certifications with this application**

Employment and/or Other EMS History

Any experience related to EMS including name and address of organization, length of service and/or reason for leaving, along with references including position/title and phone number:

|  |
|--|
|  |
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|                       |  |        |  |
|-----------------------|--|--------|--|
| Employer              |  |        |  |
| Supervisor            |  |        |  |
| Position              |  | Phone  |  |
| Description of duties |  |        |  |
| Employed from         |  | To     |  |
|                       |  | Salary |  |
| Reason for leaving    |  |        |  |

|                       |  |        |  |
|-----------------------|--|--------|--|
| Employer              |  |        |  |
| Supervisor            |  |        |  |
| Position              |  | Phone  |  |
| Description of duties |  |        |  |
| Employed from         |  | To     |  |
|                       |  | Salary |  |
| Reason for leaving    |  |        |  |

|                       |  |        |  |
|-----------------------|--|--------|--|
| Employer              |  |        |  |
| Supervisor            |  |        |  |
| Position              |  | Phone  |  |
| Description of duties |  |        |  |
| Employed from         |  | To     |  |
|                       |  | Salary |  |
| Reason for leaving    |  |        |  |

### Professional References

*Professional references only – Do not include the names of family or friends*

Name  Phone

Profession  Relationship  Years acquainted

### Emergency Notification

Who should be notified in case of an emergency:

Name

Address

Home Phone  Cell Phone  Other Phone

### Miscellaneous

Have you previously submitted an application to NOVA?  Yes  No

Are you a previous employee or member of NOVA?  Yes  No

If yes, explain the reasons/circumstances for which you are no longer an employee or member:

Do you have any disability that would hinder your performance of the essential functions of the job for which you are applying?  Yes  No

If yes, what accommodations may be made to enable you to perform the essential function of the job:

Have you ever been convicted of a felony or misdemeanor?  Yes  No

If yes, provide details:

Do you have any traffic violations on your license?  Yes  No

If yes, provide details:

### Essential Functions

The functions listed are based on the requirements of the following:

State Emergency Medical Services Code – Part 800  
Occupational Exposure to Bloodborne Pathogens – 29 CFR 1910.1030  
OSHA Enforcement of CDC Tuberculosis Guidelines – 59 FR 54242

1. To actively participate on ambulance calls the applicant must:
  - a. Complete application
  - b. Provide copies of; CPR card, EMT certification, proof of current CME's, Drivers License
  - c. Submit to pre-employment physical by approved agency physician
  - d. Successfully complete all required training in regards to OSHA required bloodborne pathogen training and NOVA's exposure control policy
    - i. Receive first hepatitis vaccine or signed refusal waiver
    - ii. Must be physically able to perform required work while wearing respirators
  - e. Complete agency orientation
  - f. Fill out employment paperwork (paid positions only)
2. Not have any felony convictions or convictions for a crime or crimes related to murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse or sale of drugs, or currently be under charges for such a crime, unless the agency finds that such conviction or charges do not demonstrate a present risk or danger to other members, staff or patients.
3. Operational members/compensated staff
  - a. Ride ambulance shifts as scheduled
  - b. Be able to lift 150 lbs. to a height of 30 inches with the assistance of one other person
  - c. Operate as both a member of a team and independently at incidents
  - d. Experience frequent transitions from hot to cold and from humid to dry conditions
  - e. Work in wet, icy or muddy conditions
  - f. Be exposed to grotesque sights and smells associated with delivering care to patients in need of emergency care
  - g. Maintain certifications
4. Attend meetings and training as required

### Submitting Application

Any application not mailed or emailed to the addresses below shall not be the responsibility of Northern Onondaga Volunteer Ambulance, Inc.

- Mail – application can be mailed to:  
Northern Onondaga Volunteer Ambulance, Inc.  
4425 Buckley Road  
Liverpool, NY 13090  
Attn: Membership/Hiring Committee

- Email\* – application can be emailed to:  
jobs@novaems.org

*\*If submitting application via email, do NOT complete the Social Security Number fields.*

### Agreement and Authorization

I understand that as part of the membership/employment investigative procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, driver's history, and personal characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I understand that any false answer, statement or implication or the omission of any pertinent or required information made by me on this application or other documents shall be considered sufficient cause for denial of membership/employment or dismissal/termination. I also understand that all equipment issued to me shall remain property of Northern Onondaga Volunteer Ambulance, Inc. and must be surrendered upon termination/resignation.

I authorize investigation of all statements in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

Further, if this application is for paid employment, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated without previous notice.

This certifies that this application was completed by me, and that all entries on it and information on it are complete to the best of my knowledge.

Applicant Signature

Date

Northern Onondaga Volunteer Ambulance, Inc. does not discriminate because of race, color, creed, national origin, sex or disability.

Applications received become the property of Northern Onondaga Volunteer Ambulance, Inc. and will not be returned.

For Interviewers Use Only

Name  Date of interview

Interviewed by

Interview notes:

Volunteer

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Date presented to NOVA membership

Probationary member voted in  Yes  No

Date of full member vote

Full member vote passed  Yes  No

Date all requirements for membership completed

Date voted in as full member

Paid

---

Offer made  Yes  No Offer date

Desired start date

Salary

Full time  Yes  No

Date all requirements for employment completed

Termination

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Date resigned

Date terminated

Reason

Other notes:



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### Employee/member Confidentiality Acknowledgement and Agreement

During membership/employment at Northern Onondaga Volunteer Ambulance, Inc., members and employees are exposed to many types of confidential information, such as patient information and treatments, employee and member information, financial data and operations information. The services Northern Onondaga Volunteer Ambulance, Inc. performs for its patients are confidential. By reason of job duties, members and employees may come into possession of information or have knowledge of information concerning services performed even though they may not take any direct part in or furnish the services performed for patients. They may also receive information concerning employees, financial data and/or operations.

Confidentiality of patient, employee, member, financial and operations information is an increasingly important and complex issue. Northern Onondaga Volunteer Ambulance, Inc. has both a legal and ethical obligation to protect sensitive patient related data in the delivery of patient care. Staff may also have the need to access employee, member, financial and/or operations information in the performance of job responsibilities.

Except as directed by the Director or policy and/or practice, employees and members may not at any time disclose any such services or information to any person whatsoever or permit any person whatsoever to examine or make copies of reports or documents that have in any way to do with the patients, employees, members, financial information or operations of Northern Onondaga Volunteer Ambulance, Inc. Staff may not seek any confidential information concerning patients, employees, financial information or operations except as required in the performance of their duties.

The disclosure of confidential information or the pursuit of confidential information which is not required in the in the performance of a job may cause irreparable injury to the patient, employee or member of Northern Onondaga Volunteer Ambulance, Inc. Disciplinary action, up to and including discharge, and/or legal remedies may be sought against any employee or member who violates this Confidentiality Policy.

I have read the Confidentiality Policy and agree that at all times I will comply with it by maintaining the confidentiality of patient, employee, member, financial and operations data related to Northern Onondaga Volunteer Ambulance, Inc. and its patients. I understand that failure to comply may result in disciplinary actions, up to and including discharge and/or legal remedy. If uncertain about the confidentiality of a matter, I understand that I may discuss the issue with my supervisor or other member of our administrative staff for clarification.

Employee Name

Date

Employee Signature

Date



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## CONFIDENTIALITY OF HEALTH INFORMATION

### Confidentiality Required

Northern Onondaga Volunteer Ambulance, Inc. (NOVA) is committed to protecting the confidentiality, privacy and security of health information. This commitment to confidentiality applies in all settings where NOVA receives, uses, processes, maintains or furnishes health information including research, billing and administrative settings.

No NOVA member (paid or volunteer) or student shall access, discuss, review, disclose, transmit, alter or destroy health information, except as required to fulfill their NOVA or volunteer responsibilities. This scope of any disclosure, access, use or transmittal of health information must be limited to that appropriate for the performance of the job responsibility.

Health information means any information created, maintained or received by NOVA about a person's physical or mental health or condition or the provision of care to a person. Health information includes information in paper (PCR's), verbal, audio, video, electronic or computer generated form.

### Specific Obligations and Prohibitions

Specific obligations and prohibitions include, without limitation, the following:

- A. Each NOVA member (paid or volunteer) or student shall take appropriate and necessary steps to protect the confidentiality of health information, to the extent required by the Health Insurance Portability and Accountability Act (HIPAA) or by NOVA policy.
- B. Never release health information to persons other than the patient. This includes, but is not limited to, family, friends, law enforcement officers and the media. All requests concerning a patient or a call shall be directed to the Director.
- C. No NOVA member (paid or volunteer) or student shall discuss patient health information with anyone outside the confines of normal patient care.
- D. No NOVA member shall leave unattended in public or other areas accessible to persons without authority to access such information, patient health information such as PCR's or other health information. This prohibition includes leaving patient information on unattended computer screens. It is the responsibility of the crew/crew chief to insure the integrity and confidentiality of the pre-hospital care reports (PCR's).

### Authority

NOVA shall adopt policies and procedures as appropriate to protect the health information of patients. The Director will appoint a Privacy Officer who will be responsible for overseeing the development and implementation of these and other policies and procedures designed to protect the confidentiality of patient health information at NOVA. The Privacy Officer shall be responsible for overseeing the training of NOVA members regarding the confidentiality of patient health information, as necessary and appropriate for members to carry out NOVA job responsibilities.

## Breach and Sanctions

All NOVA members must comply with the NOVA policies about the confidentiality of patient health information. Any members who have access to patient health information as a result of employment or activities outside their NOVA responsibilities, or in connection with providing services on behalf of other institutions or providers must not discuss, disclose or transmit that information at or to NOVA, except as required to perform their NOVA responsibilities. A failure to follow such policies, including without limitation, unauthorized access of any patient record (e.g. PCR's) or sharing of patient health information, except as permitted by policy **will lead to disciplinary action up to and including termination of NOVA membership.**

Any NOVA member hearing of an improper disclosure of confidential patient health information shall report the incident immediately to the Director or a Board of Directors member or the Privacy Officer. This report can be made anonymously.

## NOVA Ambulance Confidentiality of Health Information Agreement

I have read, understood and will abide by this Northern Onondaga Volunteer Ambulance, Inc. confidentiality of health information policy.

Print Name

Signature

Date



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**Disclosure and Release**

In connection with my application for membership or employment (including contract for services) with Northern Onondaga Volunteer Ambulance, Inc., I understand that consumer reports, 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 suspension 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 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 time during my employment, membership or contract period.

Print Name

Signature

Date

Drivers License Number

State of Issue

Social Security Number *(to be obtained during application process)*