



**Ellington Volunteer Ambulance Corps, Inc.**

41 Maple Street  
Ellington, CT 06029  
Main: 860.870.3170  
Fax: 860.870.3173

Web: [www.ellingtonambulance.org](http://www.ellingtonambulance.org)

Email: [information@ellingtonambulance.org](mailto:information@ellingtonambulance.org)

Thank you for your interest in the Ellington Volunteer Ambulance Corps, Inc. (EVAC). As an organization, EVAC is dedicated to providing the community with the highest quality Emergency Medical Services. Please carefully review the following attachments:

1. Copy of Emergency Medical Technician / First Responder job outlook / specifications as outlined in the Occupational Outlook Handbook. The *Occupational Outlook Handbook* is a nationally recognized source of career information, designed to provide valuable assistance to individuals making decisions about their future work lives and endeavors.
2. EVAC information sheet

Please complete the membership application and return it with the following:

- A photocopy of all relevant medical certifications / licenses (see MEDICAL TRAINING in application)
- A photocopy of your valid and current Connecticut motor vehicle driver's license
- A copy of your valid driving record (obtain from the DMV)
- A copy of State/Federal (*not town*) background check with fingerprinting
  - *If done at the Town of Ellington State Police office, they will send us the information when it is complete.*
- A photocopy of your social security card
- A photocopy of your COVID-19 Vaccination Card
  - **As of September 15, 2021, EVAC requires all members to be fully vaccinated against COVID-19**
  - A copy of your CDC VAMS Vaccination Certificate, CT DPH COVID-19 Vaccination Record, or similar report is also acceptable

The completed application and above items are considered your application package and should be returned via email to [information@ellingtonambulance.org](mailto:information@ellingtonambulance.org). You may also return via mail or in-person to:

Ellington Volunteer Ambulance Corps, Inc.  
ATTN: Membership Committee  
41 Maple Street  
Ellington, CT 06029

Please make sure your application package is complete, as we may not be able to process your application if certain items are not submitted.

Your application package will be reviewed by the EVAC membership committee, typically on the first Monday of the month, following receipt of your application package. You will be notified by telephone or email to attend this meeting for an informal interview by the EVAC membership committee. During this meeting you will have an opportunity to tour the facility and equipment, meet EVAC personnel, and ask questions. Upon successful completion of this first meeting, your application package will be forwarded to the EVAC general membership for final vote. It is strongly recommended that you be present at this meeting. These meetings occur on the third Monday of the month (pending the town of Ellington holiday schedule) and start at 1900 hours. If your membership is accepted by the EVAC general body, you will be required to submit to an EVAC provided occupational health history and physical as required by EVAC.

Thank you again for your interest in the Ellington Volunteer Ambulance Corps. We look forward to meeting and working with you.



# Ellington Volunteer Ambulance Corps Information Sheet



## History of EVAC

The Ellington Volunteer Ambulance Corps was founded in early 1962 by a group of five individuals headed by Ken Gayton of the Office of Civil Defense. A used 1952 Cadillac hearse was purchased for \$400 and converted into an ambulance which was placed in service in May of 1962. Completion of an advanced first aid course was the training requirement to become a member. In 1969 the ambulance designation was changed to Rescue 512 and communications began to be dispatched from Tolland County Mutual Aid Fire Service where it has remained for the past 26 years. The Ellington Volunteer Ambulance Corps has grown from a five member, loosely knit organization in 1962 to the current 40 plus member, Basic Life Support, structured organization. The training EVAC members experience has advanced from basic first aid in the early 1960's to a comprehensive and extensive EMT-Basic course including CPR and constant training that enables its members to provide the best emergency care possible to our community.

## A few facts about EVAC:

- Both paid staff (30%) and volunteer personnel (70%)
- Two ambulances - one staffed 24/7 - and one service vehicle
- Rescue Post 512 – Explorer Program (0730-1800)
- Independent of CLFD/EVFD, work well together
- Equipment/Services provided include run bags, dress uniforms, extrication suits, green lights, health and wellness program, etc.
- Annual call volume averages 1,500 runs
- State of the art equipment includes the LUCAS 3 Chest Compression System, Stryker Power-LOAD Stretchers, blood glucose monitoring, SpO2 monitoring, CPAP application, and naloxone (NARCAN®) administration.
- Volunteer incentive program, retirement program

## MEMBERSHIP CLASSES / REQUIREMENTS:

- Probationary Member
  - Be at least 18 years of age.
  - Must clear a background check, specified by EVAC, a physical examination meeting EVAC guidelines by the Corps designated physician.
  - Agree to enroll in an Emergency Medical Technician (EMT) course within 1 month of membership application to the Corps, if not already certified as an EMR or EMT.
  - Probationary period is at least six months in most cases. In cases where members have prior documented experience, the probationary period may be reduced by the Executive Board.
  - Must maintain current certification in CPR & AED skills as outlined in the standard operating guides.
- Active Member
  - Have met all probationary requirements.
  - Be recommended by the EVAC Membership Committee for Active membership.
  - Must be certified in Connecticut as an Emergency Medical Technician (EMT) or Emergency Medical Responder (EMR) or currently enrolled in an EMT/EMR course and upon successful completion of the course, maintain current EMT/EMR and CPR certifications in Connecticut.
  - Maintain proficiency in the operation of an ambulance and related equipment and have such other training as may be prescribed by the Executive Board.
  - Must commit to 30 hours of duty time per month; or 90 hours of duty time per quarter with executive board approval.
- Associate Member
  - May assist EVAC in a **non-operational** function.
  - Will be eligible for the pension program.



# Ellington Volunteer Ambulance Corps

## Application for Employment / Membership



Ellington Volunteer Ambulance Corps, Inc. (hereinafter, "EVAC") is an Equal Opportunity Employer and does not discriminate on the grounds of race, color, religion, sex, sexual orientation, age, national origin, ancestry or disability in any aspect of the provision of ambulance service or in employment / membership practices. Please complete this application accurately and thoroughly using an ink pen. Your application for employment / membership will be considered by the Membership Committee. Records containing personal data are kept as required by Connecticut General Statutes. This information will only be viewed by personnel making hiring / membership recommendations / decisions and administrative personnel. Your history and skills will be reviewed and evaluated by EVAC administration. Your application is our main source of information concerning your qualifications and information. Our receipt of your completed application package does not imply that you will be hired or your membership accepted by EVAC.

### DEMOGRAPHICS

			MALE / FEMALE
Last Name	First Name	Middle Name	Sex (circle one)
Address (physical)		Address (mailing, if different)	City State Zip
Home Phone	Cell Phone	E-mail Address	YES / NO
Social Security Number	Date of Birth (Month / Day / Year)	Age (years)	US Citizen (circle one)

### MEDICAL TRAINING (PLEASE INCLUDE A PHOTOCOPY)

1 _____	4 _____
License/Certification Number (if applicable)	Expiration Date
2 _____	5 _____
License/Certification Number (if applicable)	Expiration Date
3 _____	6 _____
License/Certification Number (if applicable)	Expiration Date

### EDUCATION

			YES / NO	DIPLOMA / GED / OTHER
High School Name	City / State	Year/s attended	Graduate ? (circle one)	Award (circle one)
YES / NO				
College Name	City / State	Year(s) attended	Graduate ? (circle one)	Degree / Accomplishment
YES / NO				
College Name	City / State	Year(s) attended	Graduate ? (circle one)	Degree / Accomplishment
YES / NO				
College Name	City / State	Year(s) attended	Graduate ? (circle one)	Degree / Accomplishment
YES / NO				

**Other Education** (explain below)

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### MILITARY

Have you ever been a member or affiliate of the United States of America military? YES / NO (If YES, give details below)

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## EMPLOYMENT

Are you legally entitled to work in the United States of America? YES / NO (If NO, give dates / details below)

Are you currently employed in the United States of America? YES / NO

May we contact your employer/s? YES / NO

1

Employer Name	Street Address	City / State / Zip Code	Phone Number (with area code)
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Title / Position	Job duties / responsibilities (brief)	Schedule / Hours	Dates of Employment
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2

Employer Name	Street Address	City / State / Zip Code	Phone Number (with area code)
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Title / Position	Job duties / responsibilities (brief)	Schedule / Hours	Dates of Employment
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3

Employer Name	Street Address	City / State / Zip Code	Phone Number (with area code)
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Title / Position	Job duties / responsibilities (brief)	Schedule / Hours	Dates of Employment
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4

Employer Name	Street Address	City / State / Zip Code	Phone Number (with area code)
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Title / Position	Job duties / responsibilities (brief)	Schedule / Hours	Dates of Employment
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## DISCUSS YOUR INTEREST IN JOINING EVAC

## REFERENCES (List three (3) non-relative references who may be contacted):

1

First Name	Last Name	Phone Number (with area code)	Best time to call	Relationship
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2

First Name	Last Name	Phone Number (with area code)	Best time to call	Relationship
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3

First Name	Last Name	Phone Number (with area code)	Best time to call	Relationship
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## EMERGENCY CONTACT(S)

1

First Name	Last Name	Phone Number 1(with area code)	Phone Number 2 (with area code)	Relationship
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2

First Name	Last Name	Phone Number 1(with area code)	Phone Number 2 (with area code)	Relationship
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## CRIMINAL HISTORY

"Conviction" for this application means a final judgment or verdict of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court, regardless of whether an appeal is pending or could be taken. "Conviction" does not include a final judgment or verdict that has been expunged by pardon, reversed, set aside or otherwise rendered invalid. Further, you are not required to disclose any arrest(s), criminal charge(s) or conviction(s) the record(s) of which have been erased under law. Such records can include records of a finding of delinquency or that a child was a member of a family with service needs, adjudication of youthful offender status, criminal charges dismissed or nulled, or charges for which a person is found not guilty or a conviction later resulting in an absolute pardon. Further, any person whose criminal records have been erased is deemed under law never to have been arrested with respect to such erased proceedings and may so swear under oath. **A history of criminal conviction(s) will not necessarily bar consideration of employment. Factors such as the time, seriousness, and nature of the offense, as well as rehabilitation, will be taken into account.**

Have you been convicted of a felony? YES / NO (If YES, give dates / details of all convictions / felonies below)

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Have you been convicted of a misdemeanor? YES / NO (If YES, give dates / details of all misdemeanors below)

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Has your right to operate a motor vehicle ever been revoked / suspended? YES / NO (If YES, give dates / details below)

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Have your medical certification(s) / licensure(s) ever been suspended / revoked? YES / NO (If YES, give dates / details below)

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Are you a current member / affiliate with an EMS service (ambulance, police or fire)? YES / NO (If YES, give details below)

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Were you a former member / affiliate with an EMS service (ambulance, police or fire)? YES / NO (If YES, give details below)

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**PLEASE READ AND ANSWER THE FOLLOWING CAREFULLY AND SIGN.**

The terms “employees” and “employment” shall, for purposes of this document, include volunteers and volunteer service performed for EVAC, respectively. I give permission to EVAC to investigate all pertinent information concerning my application in order to determine my qualifications for employment, including contacting listed references and social networking sites. I understand that falsification; misrepresentation or omission of facts called for in this application may result in denial of employment, membership rejection or immediate dismissal.

I agree to be photographed by EVAC following employment / membership acceptance. I give EVAC permission to keep in its custody certain information required by the State of Connecticut and EVAC.

Under the Americans with Disabilities Act, an employer may not conduct a medical examination until after a conditional job / membership offer has been made. Medical examinations are required for all employees / members in all categories. Once an offer is made, medical examinations **are required** but are limited to determining whether a prospective employee / member, with reasonable accommodation, is capable of performing essential functions of the job. We as the employer / service may ask about an applicant’s ability to perform specific job functions. All personnel considered by EVAC should have a driver’s license, execute movements reasonably required to perform a physical assessment, and provide general care and emergency treatment to a variety of patients. Examples of emergency treatment reasonably required include the performance of CPR, application of pressure to stop bleeding, safely moving and lifting patients, and the manual taking of a blood pressure.

Do you have any physical disabilities that would prevent you from performing duties as required by EVAC (as as outlined in the Occupational Outlook Handbook)?

**Yes / No** (If yes, explain / give details below)

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I understand that EVAC does not tolerate the use of non-prescribed drugs or alcohol during work / volunteer hours. Employees / members may be asked to submit to drug testing. No prospective employee or member will be asked to submit to testing unless an offer of employment / membership has been made. EVAC will pay the cost of any drug testing that it requests, including (automatic) retesting of confirmed positive results. The use of drugs may result in termination as outlined by the Town of Ellington and EVAC guidelines/policies.

In the event of resignation or termination, I agree to return *all* EVAC property disbursed to me. If these items are not returned, I agree that EVAC may withhold from any final compensation due me, monies to cover the value of any unreturned property and that EVAC may seek legal redress in order to recover such property. I understand that if I leave or am terminated from EVAC prior to six months of active or associate membership, I will pay EVAC full price for specified items as dictated by EVAC.

In the event of my employment / membership by EVAC, I agree to comply with all federal, state, and EVAC rules, regulations, policies, and procedures as they may change from time to time. I understand that neither this employment / membership application nor any other EVAC document constitutes a personal contract of employment / membership. I further understand that my employment / membership is for no stated term and may be terminated at will by me or by EVAC. In the event that I decide to leave EVAC, I agree to give two weeks’ advance written notice of resignation to the EVAC president (employee) or EVAC membership committee (member/volunteer) and I understand that if I fail to do so, I may not be entitled to certain benefits which I would otherwise receive.

I give permission to EVAC to conduct a check in order to authenticate any or all of the data on this application. I understand that this application will be kept confidential. A photocopy of this application and release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature. My signature below indicates that I swear or affirm that the information contained on this application is true and correct to the best of my knowledge, and that I have read, understood, and consented to the above statements.

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**Applicant’s Name (Signature)**

**Applicant’s Name (Print)**

**Application Date**