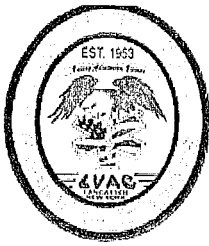


Exhibit A



Lancaster Volunteer Ambulance Corps, Inc.

Post Office Box 164
Lancaster, New York 14086 -0164
716-683-3282

The Lancaster Volunteer Ambulance Corps, Inc. ("LVAC") is applying for an expansion of its operating territory into the entire Town of Alden, including the village of Alden, Erie County, New York State. We seek two separate applications in case there is a dispute as to need in either territory. Thus, LVAC is applying separately for the Town of Alden (outside the village) and the Village of Alden. Although this expansion seeks to add new territories to our operating certificate, LVAC has been actively serving the residents of the Town and Village of Alden for many years.

We first note that this application is made with the full knowledge and we believe support of the Town and Village of Alden.

This letter contains a significant amount of information which is being provided to the Regional Emergency Medical Services Council. Although it is more information than we are required to provide to you, we believe that we should provide you as much information as possible on the request for the expansion.

LVAC is designated as the primary ambulance for the Town of Alden for that territory outside the village of Alden. Although LVAC has been operating under the Town of Alden's CON for almost two years, LVAC has determined that it should obtain operating authority in its own name for this territory.

LVAC is presently the primary provider of non-transporting advanced life support services in the Village of Alden and is the primary backup service for a full transporting unit for the Village of Alden. We believe that having operating authority for a full ALS transporting ambulance is necessary.

The granting of this application will permit LVAC to maintain its present level of service to the residents of the Town and Village and will not negatively affect any other ambulance service. However, a loss of LVAC's ability to respond to these territories will threaten the life, health and welfare of the residents of the village and potentially the Town, as LVAC is best suited to promptly respond and arrive at emergencies in the Town of Alden and as no other ambulance service maintains vehicles in as close proximity to the Town of Alden as does LVAC.

Public Need

LVAC is required to provide the definition of need and to demonstrate that need exists for LVAC's ambulance services. The State EMS Council and the Department of Health defined public need as follows:

"The Demonstrated absence, reduced availability or an inadequate level of care in ambulance or emergency medical service availability to a geographical area which is not readily correctable through the reallocation or improvement of existing resources." Variables in considering "public need" include: geography, population (size, density, projections), level of care (existing, available), quality, reliability and response patterns of existing services, type of service (emergency, non-emergency), special needs, service effectiveness, cost and operation, and other local factors.

This letter is intended to address these issues.

Present Territory

The initial primary operating territory is the Town of Lancaster. The Town of Lancaster is located in immediate proximity of the Town and Village of Alden. The proximity of the town of Lancaster makes LVAC an ideal service to provide additional protection to the residents of the Town and Village of Alden.

Proposed Expanded Territory

The proposed territories are described as "That portion of the Town of Alden which lies outside of the Village of Alden, Erie County, New York" and the "Village of Alden, Erie County, New York".

In 2018, LVAC has thus far responded to 219 calls for assistance in the Town of Alden outside of the village and transported 206 patients.

In 2018, LVAC provided ALS intercept services 8 times in the Village of Alden and transported a total of 96 patients from the Village of Alden.

In 2017, LVAC responded to 514 calls for assistance in the Town of Alden outside the village and transported 479 patients.

In 2017, LVAC provided ALS intercept services 40 times in the Village of Alden, and transported a total of 149 patients from the Village of Alden.

In 2016, LVAC responded to 259 calls combined, for the Town and Village of Alden.

I. Impact upon existing ambulance and or emergency medical services in the proposed area

Positive impact on the community

LVAC will have a positive impact on the communities and their residents by continuing to serve the expansion territories. LVAC already serves the Town and Village of Alden's residents frequently. Although other ambulance services hold authority to provide ambulance services on a county-wide basis, they are not in close proximity or readily available to reliably serve these territories. LVAC is proximately located in order to rapidly provide ambulance and advanced life support services. Other providers are simply not centrally located to provide as rapid a response in place of LVAC.

LVAC has 7 ambulances housed at 40 Embury Place, Lancaster, New York. The average response time to an emergency in the Town/Village of Alden in the year 2018 was 10.0 minutes and in 2017 was 10.5 minutes. There can be no more positive of an impact than a very quick response time to an emergency! Ambulance services are provided twenty-four hours a day and seven days a week. Dispatch is through the Town of Lancaster Emergency Dispatch System. We participate in the Erie County Mutual Aid System.

No negative impact on other providers

There will be no negative impact on any other providers which hold operating authority in all or some of the territory. The only other ambulance service in this territory is the Village of Alden Fire Department, which operates two basic life support ambulances and has not been negatively affected by LVAC's provision of ALS services. LVAC will not replace the Village of Alden's fire department as the primary ambulance provider but will only continue to operate as the backup ambulance and primary ALS provider. Certainly, the village of Alden controls who serves its community, pursuant to General Municipal Law § 122-b. No ambulances will lose income, members, or employees from failing to serve this territory. Therefore, no other ambulance service will be negatively impacted, but instead only positively impacted.

Response Time

Due to the proximate location of LVAC in the town of Lancaster, LVAC is able to respond and arrive promptly to the emergencies in its proposed territory of the Town of Alden. Response times are noted above.

Staffing

LVAC has 64 members/employees, of which there are 31 EMT-Bs, 4 AEMTs, and 24 Paramedics. We maintain a staffing of career / volunteer EMS personnel of 4 fully staffed ambulances per day.

Call volume for past 12 months and anticipated for next 12 months

Call volume in the Town of Alden for which LVAC will be needed is anticipated to remain steady at 900 calls per year, and in the Village of Alden for ALS intercept is 40 calls per year, and for transporting ambulance services is anticipated to be 6,000 calls per year.

Mutual Aid

LVAC participates in the Erie County Mutual Aid Plan and both provide and receive aid. LVAC provides aid to and receives aid from the surrounding ambulance services.

There is not a significant use of aid from other ambulance services as LVAC responds to almost all of the requests for services. LVAC is well positioned to respond to requests for aid from our neighbors and our members are familiar with our neighboring territories.

Quality Assurance

LVAC conducts an active, in house quality assurance program. All providers have a sample of their prehospital care reports monitored on a regular basis. Any issues are promptly addressed by our Continuous Quality Improvement committee. LVAC continuously strives to improve its already high quality of services.

Medical Direction

LVAC's Medical Director and System Medical Director is Dr. Joe Bart.

Protocols

LVAC adopts and adheres to all state and regional basic life support and advanced life support protocols. LVAC maintains all required policies by the Department of Health, Bureau of Emergency Medical Services. LVAC frequently reviews its best practices in an effort to continuously improve its already high quality of services.

Ability and quality of existing services

The other existing ambulance services which hold operating authority are very adequate services, but none of them can provide the very low response time to the Town and Village of Alden. There is no other ALS first response service to the Village of Alden, and additional transporting ambulance services are required frequently enough that LVAC should obtain its ambulance operating authority for the village. Although the Town holds operating authority, it contracts with LVAC to provide services. LVAC should obtain its own authority.

Thus, the service provided by LVAC permits ambulances to be housed in and respond from a centrally located facility in close proximity to the Town and Village of Alden, thus keeping response time very reasonable.

No Financial Impact or any adverse impact on existing services

LVAC does not encroach on any other ambulance service's primary operating territory, except for the few services holding county-wide authority and except that the village of Lancaster provides a BLS staffed ambulance service provided by volunteers. Assuming only for the

moment that these county-wide services desire to serve this limited number of emergencies, the loss of such call volume would not have any significant financial impact on that service. It would not be financially feasible for such ambulance services to staff an ambulance in close proximity to the proposed territory in order to provide the same short response time as LVAC. There is simply not enough funding to derive any significant profit for an ambulance service which pays both its EMT and driver on a full-time basis. Conversely, LVAC because of its proximate location to the Town and Village of Alden makes it financially feasible to respond to the territory while maintaining a high level of services to these territories. In short, there will be no negative financial impact upon any other service from LVAC's continuation to serve the proposed territory.

II. EMS System in the Area

The following ambulance service holds operating authority in the proposed territory:

Twin City Ambulance, AMR, Alden EMS

The following hospitals are utilized to receive patients from the proposed territory:

Strong Memorial, United Memorial, Millard Fillmore Suburban, St. Joseph's, Erie County Medical Center, Buffalo General Hospital/ Gates Vascular Institute, Sisters of Charity Hospital – Buffalo, Oshei Children's Hospital, South Buffalo Mercy Hospital

LVAC participates in the Erie County Mutual Aid Plan.

LVAC provides and receives aid in the mutual aid plan and responds to assist its neighboring ambulance services with both basic life support transports and advanced life support emergencies.

Projected Response Times for the next 12 months

LVAC anticipates maintaining a response time average of less than 15 minutes to the proposed territories of the Town and Village of Alden. Response times of other agencies to the proposed area, in the few occasions where such agencies have been required to respond, would likely average well over 15-20 minutes.

Communication System Interface

LVAC operates on frequency SAIANET TRUNKING. LVAC receives medical control from the hospital the patient is being transported to or from Erie County Medical Center. As LVAC already serves the proposed territory, there is no additional burden on the present system. The traffic generated by LVAC does not interfere and will not interfere any other ambulance service in the area. There will be no negative impact through the use of medical control from the receiving hospital.

The positive and negative impact on the community

Most of this issue has been addressed above. There will only be a positive impact on emergency medical services, as response times to the proposed territory will remain under 15 minutes. However, there will be no negative impact on patient care, as no other ambulance service will be negatively impacted in the area. Without LVAC providing services, response time for both ALS and BLS service will significantly increase.

Economic improvements from LVAC's operation in the proposed territory

Persons do not wish to reside in a community which lacks adequate resources. Elderly residents, of which there are a significant number in the proposed territory, require prompt emergency care. The failure of a community to be able to provide ambulance services in a rapid, timely manner will significantly impact upon a community to attract and maintain residents. Thus, the sales tax and property tax income from the lack of residents will decline. LVAC believes that its low response time assists the Town and Village of Alden in maintaining a positive environment for attracting and maintaining residents. Certainly, no one can complain that the community does not have the basic systems in place. Without a low response time, the community could lose its appeal and security to its residents. With LVAC, the Town and Village of Alden will maintain its positive reputation for the safety and care of their residents.

III. Appendix 1 – Guidelines for Establishing Ambulance Services

Population of jurisdiction requesting the ambulance service, including tourism and traffic flow.

Approximately 10,063 plus visitors to the entire Town of Alden (2016 Census)

Does area have a large enough population base to support a new ambulance service?

Yes. In 2017, there were approximately 514 requests for LVAC's emergency ambulance services in the Town of Alden and 337 requests for the Village of Alden.

How many calls for service and how many emergency calls are made in the proposed area?

See above

Average daily rate of calls for this area? [Defined as requests requiring LVAC's services]

Approximately 2 calls per day in the Town of Alden

Approximately 1 calls per day in the Village of Alden

Average response time for calls and emergency calls

For LVAC, the response time to the Town and Village of Alden would be approximately 15 minutes. The average time is more than prompt for the area. Without LVAC providing services, response times could average over 20 minutes.

Quality of existing services and how to present conditions affect public convenience

In the absence of LVAC, existing services would not be adequate for the purpose of serving the proposed territory with a prompt response time. LVAC's service in the proposed territory will maintain the primary level of services which will arrive in less than 15 minutes on average. Other services would take approximately 20 minutes to arrive, if they have an ambulance available.

Mutual aid ambulance agreements exist

Mutual aid ambulance agreements do exist in the area, and they are each necessary for the coverage of the proposed territory and for the safety of others in the mutual aid territories next to the proposed territory. LVAC provides most of the mutual aid for the Village of Alden for basic life support transport services, but the call volume has become such that LVAC should have the territory listed on its Ambulance Service Certificate at this time. Removal of one or more agencies, such as LVAC, from service, would significantly impact the medical services offered to the residents in the proposed territory

Would the employees of the proposed service have a sufficient level of clinical experience for maintaining emergency care?

The members of LVAC have extensive experience responding to emergencies other than in the Town and Village of Alden.

Would opportunities exist for personnel to maintain their level of skill. If an additional ambulance service were added, would the dilution of service calls between the ambulance services cause decay in skills due to inactivity?

Providers of other services would not see a decrease in their skills. It is not believed that there are too few emergencies available for responders in other territories.

Are the existing communications capabilities adequate for maintaining medical control and directing paramedics?

Yes. Moreover, the award of the operating authority in the proposed territory would not negatively impact medical control. Medical control is not impacted negatively by redistributing the same calls to different providers.

How will the ambulance service be financed? Are the financial resources available to the proposed service sufficient for maintaining a full-time service?

Patients are billed for their services. While the billings are not adequate to sustain a full career staff for a separate ambulance service, LVAC also serves the very busy town of Lancaster and has sufficient funding to continue to serve the Town and Village of Alden. Thus, the billings are sufficient. LVAC' budget is more than sufficient to provide additional services to the town or LVAC.

How will the ambulance service be organized and administered? Is management capable of performing its duties?

A Board of Directors administers LVAC. The corporation is a not for profit corporation. The management is more than capable of running LVAC and this system has been working successfully for the corporation since 1975. There has never been a lack of qualified management.

What will be the total cost of the new ambulance service. Are the benefits that the proposed area receives worth the expense?

There are no additional funds necessary to serve the Town or Village of Alden. LVAC's existing services can easily be expanded into the Town and Village of Alden without any additional or new financial burden to LVAC.

Does public opinion in the proposed area favor the establishment of LVAC in the Town and Village?

We have been advised that none of the present holders of ambulance service certificates for this territory oppose the application, as none of them other than the Alden Fire Department have been serving the Village of Alden on frequent basis.

Does local government planning agencies favor establishment of a new ambulance service?

Although it is not new, the local governments continue to contract with LVAC.

Are there any viable alternatives other than licensing a new ambulance service?

This depends on how you define "viable". There are no other services which can provide consistent advanced life support, transporting services, in the same low response time as LVAC. If response times were not a variable, then there are other ambulance services that could respond in a much longer time than LVAC.

Exhibit B

EMS Agency Personnel Roster

Agency Name
Lancaster Volunteer Ambulance Corps.

Agency Code
1484

Date Submitted
3/31/18

Page 1 of 4

List All Personnel Alphabetically		DOB	DOH Certified Personnel		Level of Certification (check one)					Check Other Levels	
Last name,	First name	MM/DD/YY	DOH issued ID number	Expires	CFR	EMT	AEMT	CC	P	CPR/AED	First Aid
Abraham	Richard		355642	11 / 30 / 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurso	Mark		260085	07 / 31 / 20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adolf	John		047016	10 / 31 / 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ammon	Lisa		196920	09 / 30 / 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzee	David		201444	07 / 31 / 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carlo	Steve		037389	07 / 31 / 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chumm	Phearon		406001	01 / 31 / 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cramer	Christopher		356802	08 / 31 / 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuillo	Robert		118826	09 / 30 / 18	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fenik	Brian		260047	05 / 31 / 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fisher	Patrick		376692	09 / 30 / 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foote	Brian		355140	07 / 31 / 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gangloff	Andrew		339581	07 / 31 / 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gowanlock	Richard		350745	11 / 31 / 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gowanlock	Robert		066254	08 / 31 / 18	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gowanlock	Zechariah		342525	11 / 31 / 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Happ	Doug		352344	10 / 31 / 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heibel	Anthony		370914	09 / 30 / 18	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hodge	Benjamin		340971	07 / 31 / 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMS Agency Personnel Roster

Agency Name
Lancaster Volunteer Ambulance Corps.

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1484

Date Submitted
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Page 2 of 4

List All Personnel Alphabetically		DOB	DOH Certified Personnel		Level of Certification (check one)					Check Other Levels	
Last name,	First name	MM/DD/YY	DOH issued ID number	Expires	CFR	EMT	AEMT	CC	P	CPR/AED	First Aid
Hussain	Ali		445736	09 / 30 / 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hutter	Rachel		437529	02 / 28 / 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Johnson	Brent		373936	01 / 31 / 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kelly	Christopher		341353	11 / 30 / 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kuczmariski	Brandon		401316	09 / 30 / 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lechevet	Ian		367012	10 / 31 / 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lengel	Daniel		262374	07 / 31 / 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mangus	David		334353	11 / 30 / 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marrocco	David		447961	02 / 29 / 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marshall	Daniel		447962	02 / 29 / 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marshall	Timothy		265994	01 / 31 / 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
McCarthy	Daniel		257664	03 / 31 / 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
McClenathan	Allen		431569	11 / 30 / 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
McKnight	Jonathan		263259	11 / 30 / 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measer	David		186996	12 / 31 / 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myers	Jerren		346815	07 / 31 / 19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natalzia	Peter		340978	09 / 30 / 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noworyta	Mark		155061	09 / 30 / 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O'Donnell	Lynn		306743	05 / 30 / 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

EMS Agency Personnel Roster

Agency Name
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Agency Code
1484

Date Submitted
03/31/18

Page 3 of 4

List All Personnel Alphabetically		DOB	DOH Certified Personnel		Level of Certification (check one)					Check Other Levels	
Last name,	First name	MM/DD/YY	DOH issued ID number	Expires	CFR	EMT	AEMT	CC	P	CPR/AED	First Aid
Peterson	Jenniefer		458171	01 / 31 / 21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piersa	Jacob		413770	09 / 30 / 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Popiela	Sarah		363490	10 / 31 / 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reed	Christian		385465	02 / 29 / 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revelas	Amy		369526	03 / 30 / 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sank	Robert		395254	01 / 31 / 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schieber	Kevin		338696	05 / 31 / 18	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schneider	Gary		306362	05 / 30 / 21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schrimmel	Matthew		362254	10 / 31 / 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silvestri	Matthew		415838	01 / 31 / 21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steiner	Sarah		447965	02 / 28 / 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swigonski	Joshua		402827	07 / 31 / 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Szetela	Deborah		214498	12 / 31 / 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thiemke	Stephen		402827	07 / 31 / 18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VonHegel	Heather		361555	02 / 28 / 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whelan	Jason		332406	07 / 31 / 20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Williams	Michele		415886	07 / 31 / 18	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wisniewski	Michael		227769	10 / 31 / 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Witkowski	McKenna		437363	09 / 30 / 20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LANCASTER VOLUNTEER AMBULANCE CORPS., INC.

2018 Officers and Directors

President, Chester J. Popiolkowski

Vice President, Allison M. Revelas

Senior Director, William T. Revelas

Director, Rachel Hutter

Director, John O'Donnell

Director, Amy Revelas

Treasurer, Brian Foote

Secretary, Michelle Williams

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

LANCASTER VOLUNTEER AMBULANCE CORPS, INC.

1484

Name of EMS Agency

NYS EMS Agency Code

LANCASTER VOLUNTEER AMBULANCE CORPS, INC.

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Chester J. Popiolkowski

President

Full Name of Individual

Title

Lancaster, NY 14086

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

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→ If **YES** has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Chester J. Popiolkowski

Full Name

Chester J. Popiolkowski

Signature

Date

4/9/17

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

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Chester J. Popiolkowski

Full Name

Chester J. Popiolkowski

Signature

Date

4/9/17

Notary Public Affirmation and Acknowledgement

Jessica L. Smith

Notary Public Name

Jessica L. Smith

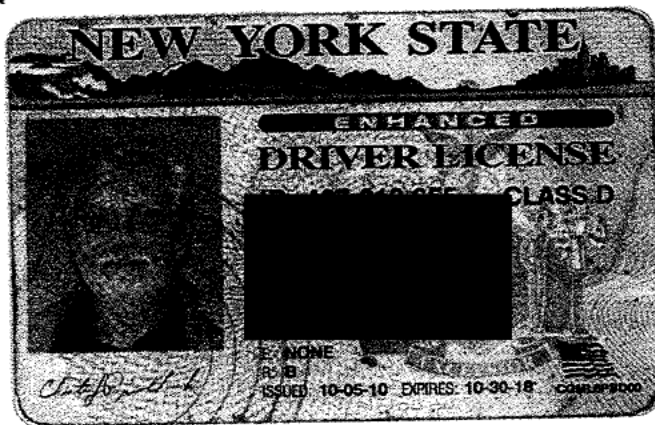
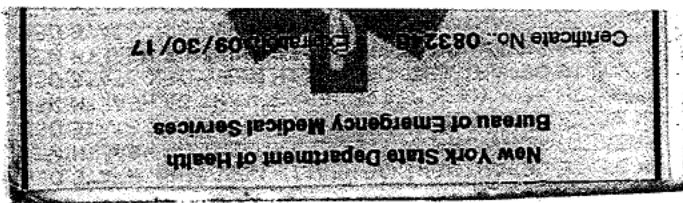
Signature

Date

4/9/17

Please affix Notary Public Stamp or equivalent.

Jessica Lynn Smith
Notary Public, State of New York
Qualified in Erie County
My Commission Expires 2/2, 2020



NO
EMT
ANYMORE

Chester Popiolkowski

Lancaster, New York 14086

(716) 983-9234

EDUCATION:

BFA – Theatre, Daemen College 1974

MA – Media Studies, University of Buffalo 1992

University of Rochester: Business courses in (1) Marketing, (2) Supervision

St. John Fischer College: Law courses (1) Contracts, (2) Litigation, (3) Property Law, (4) Copyright Law

WORK EXPERIENCES:

Theatre of Youth Company – Production Manager, Resident Sound Designer/Composer, Facilities Manager 1993 – present

Peter J. Schmitt Company (Bells Supermarkets) – District Specialist/Supervisor in the Bakery Division 1981 – 1993

Niagara Frontier Services (TOPS) – Management in the Bakery Division 1976-1981

National Touring Company NYC – Musical Director for touring production of *Jesus Christ Superstar* 1975-1976

Theatre of Youth Company – Resident performer/musician and Technical Director 1972 - 1975

Buffalo Seminary – Music Teacher, Choral Director 1998 – 1999

Buffalo State University – Instruction in Audio and Sound Design

VOLUNTEER EXPERIENCES:

Lancaster Volunteer Ambulance Corp

- Member since 1984
- Public Relations Manager 1985
- Board Member 1986 to 1987
- President – 1988 to 1990
- Past president/Board Member – 1991 to 1992
- President - 2009 to present

BUSINESS RELATED CERTIFICATIONS AND AFFILIATIONS:

- Nationally certified stage rigger
- Member United Scenic Artists (USA)
- Member Sound Designer/Engineer Associates (SDEA)
- Member United Scenic Institute for Theatre Technology (USITT)
- Third Class Broadcaster License

VOLUNTEER RELATED CERTIFICATION AND AFFILIATIONS:

- NYS certified EMT
- Certified Emergency Vehicle Operator (CEVO)
- Member Nation Academies of Emergency Dispatchers (NAED)

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LANCASTER VOLUNTEER AMBULANCE CORPS, INC.

1484

Name of EMS Agency

NYS EMS Agency Code

LANCASTER VOLUNTEER AMBULANCE CORPS, INC.

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Allison M. Revelas

Vice President

Full Name of Individual

Title

Lancaster, NY 14086

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

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Allison M. Revelas

Full Name

Allison Revelas

Signature

4/9/17

Date

Certification of Fitness

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Allison M. Revelas

Full Name

Allison Revelas

Signature

4/9/17

Date

Notary Public Affirmation and Acknowledgement

Jessica Smith

Notary Public Name

Jessica Smith

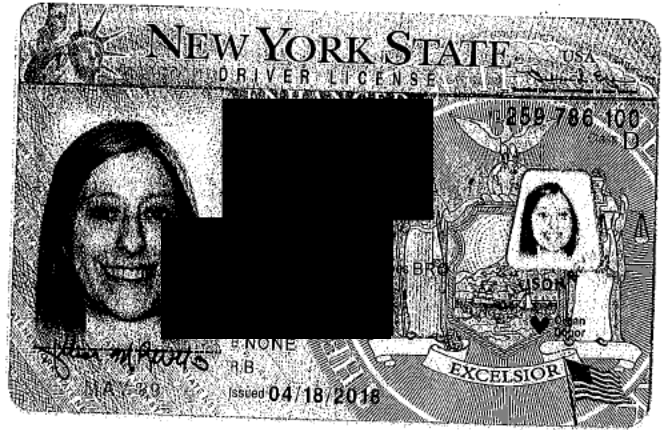
Signature

4/9/17

Date

Please affix Notary Public Stamp or equivalent.

Jessica Lynn Smith
Notary Public, State of New York
Qualified in Erie County
My Commission Expires 2/2, 2020



Allison M. Revelas RN

Lancaster, NY 14086

(716) 907-8136

allisonrevclas@gmail.com

Objective:

Dependable, courteous, punctual, and conscientious Registered Nurse. Experienced New York State certified EMT.

Educational Experience:

RN-BSN Completion Program May 14, 2016

Niagara University Department of Nursing, Niagara University, NY

A.A.S. Nursing, December 2012

Trocaire College, Buffalo, NY

•Award for Clinical Excellence, Spring 2011

Psychology/ Pre-med Major, 2007-2009

Canisius College, Buffalo, NY

Clinical Experience:

- Roswell Park Cancer Institute, 7 West GI and GU Oncology, Fall of 2012
- Bry-Lin Hospital, Psychiatric Inpatient Unit, Fall of 2012
- Mercy Hospital of Buffalo, 5MW Stroke Unit, Spring of 2012
- Erie County Medical Center Campus, Floor 7, Zone 1 and 2, ICU step-down and Med. Surg, Fall of 2011
- Mercy Hospital of Buffalo, 4th Floor, Maternal Child and Labor and Delivery, Fall 2011
- Women and Children's Hospital of Buffalo, 7 South, Medical, Fall of 2011
- Sisters of Charity Hospital St. Joseph Campus, Hall 4, Orthopedic Med. Surg, Spring of 2011
- Sisters of Charity Hospital, Hall 4 South, Head & Neck, Fall of 2010

Allison M. Revelas, RN

Lancaster, NY 14086

(716) 907-8136

allisonrevelas@gmail.com

Work Experience:

Mercy Hospital of Buffalo (January 2013-Present): Graduate Nurse/ Registered Nurse

- Responsible for 4-5 patients every shift
- Completes accurate and precise patient assessments on each patient
- Passes medications in a timely manner
- Competent with clinical nursing skills and telemetry interpretation
- Delegates to assistive personal in a professional manner
- Communicates with other health care team members in a professional and accurate manner
- Nursing preceptor to new staff members
- Charge Nurse fill-in when needed
- American Heart CPR certified
- American Heart BLS instructor
- ACLS (Advanced Coronary Life Support) certified
- Active participant in Mercy Hospital of Buffalo Nursing Peer Review Group
- Active member and meeting leader of Mercy Hospital of Buffalo Unit Practice Council
- Active Participant in Soarian Clinical Team (SCT) meetings
- October 2016 Magnet Conference Attendee with hospital leadership

Mercy Hospital of Buffalo (January 2011- December 2012): Nursing Assistant

- Responsible for between 8-12 patients on each shift
- Assists ill and critically ill patients in completion of their ADL's
- Take vitals at the start of every shift and reports all readings to the staff nurses
- Provide patients with a friendly and warm environment
- Answer patient call lights quickly and efficiently within five minutes
- Assist the nurses and charge nurses with runs up to the lab

Lancaster Volunteer Ambulance Corps. (June 2007- Present): Attendant & Director/Secretary/ current Vice President

- New York State Certified Emergency Medical Technician (EMT-Basic)
- American Heart CPR certified
- American Heart BLS instructor
- ACLS (Advanced Coronary Life Support) certified

Allison M. Revelas, RN

Lancaster, NY 14086

(716) 907-8136

allisonrevelas@gmail.com

- Transports critically ill and injured patients to area hospitals
- Uses radio communication effectively and efficiently
- Recently re-elected to the board of directors and responsible for interviewing and approving new members for acceptance.
- As secretary was responsible for typing all meeting minutes for both board and membership meetings
- As current Vice President, responsible for assisting the President and Director of Operations with the day to day operations of the LVAC
- Former Lancaster Volunteer Ambulance Corps. HIPPA officer
- Prior to board appointment I was the assistant to the Vice President.
- 1 of 4 members chosen to be on compliance committee to prevent Medicare and Medicaid fraud.
- Coordinator of Hands Only CPR
- Special Recognition Award for Leadership, March 2016

St. Mary's of the Assumption Catholic Church (September 2014-Present): Religious Education Instructor

- Responsible for teaching 12 Kindergarten Students, the Kindergarten Faith Formation Religious Education Curriculum on Saturday Mornings
- Religious Education Instructor for the Sunday morning Family Program for nine second grade students
- Religious Education Instructor for the Sunday morning Family Program for seven third grade students September 2014- May 2015

Child Care Provider (November 2008- December 2012): Nanny

- Attends to the needs of an 8 and 10-year-old as well as getting the children off the bus after school during the week while the mother is at work
- Assist the children in the completion of their homework
- Responsible for providing after school snack, starting dinner and keeping the house neat and organized

Allison M. Revelas, RN

**Lancaster, NY 14086
(716) 907-8136
allisonrevelas@gmail.com**

Tim Hortons (November 2006- May 2011): Storefront

- Effective team member in serving customers within 24 seconds, during peak service hours 6am-10am
- Provided friendly and enthusiastic suggestive selling of new products
- Trained newly hired employees

US Securities Luvata Plant (August 2007- August 2008): EMT-Basic/ Security Guard

- Performed plant runs on an hourly basis
- Assisted with company call offs
- Wrote incident reports for injured employees
- Acted as a first responder to ill or injured plant employees
- Used radio communication effectively and efficiently
- Determined transportation regulation to area hospitals for those who are injured
- Constantly monitored security cameras at the plant and surrounding areas

PROFESSIONAL REFERENCES:

Mrs. Pauline Blake BSN, RN, Nursing Supervisor

Mercy Hospital of Buffalo

565 Abbott Road

Buffalo, NY 14220

(716) 828-2897

Sister Therese Chmura, Faith Formation Coordinator

St. Mary's Elementary School

2 St. Mary's Hill

Lancaster, NY 14086

(716) 683-8564

Allison M. Revelas, RN

[REDACTED]
Lancaster, NY 14086
(716) 907-8136
allisonrevelas@gmail.com

Mr. Chester Popiolkowski, President

Lancaster Volunteer Ambulance Corps, Inc.

40 Embry Place

Lancaster, NY 14086

(716) 341-5372

Personal References:

Mr. Mark Accurso, Paid Support Staff Supervisor

Lancaster Volunteer Ambulance Corps, Inc.

40 Embry Place

Lancaster, NY 14086

Mr. Paul Welker, Past Director Lancaster Volunteer Ambulance Corps, Inc.

96 Bowen Avenue

Lancaster, NY 14086

(716) 684-1914

Affirmation of Fitness and Competency

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LANCASTER VOLUNTEER AMBULANCE CORPS, INC.

1484

Name of EMS Agency

NYS EMS Agency Code

LANCASTER VOLUNTEER AMBULANCE CORPS, INC.

Full Name of Corporate Entity requiring F&C review as a new owner/operator

William T. Revelas

Senior Director

Full Name of Individual

Title

Lancaster, NY 14086

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

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WILLIAM T. REVELAS

Full Name

Signature

Date

4/9/17

Certification of Fitness

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WILLIAM T. REVELAS

Full Name

Signature

Date

4/9/17

Notary Public Affirmation and Acknowledgement

Jessica L. Smith

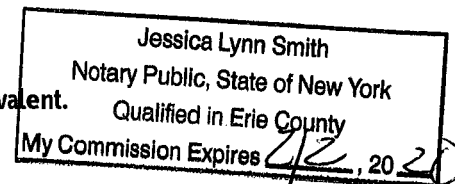
Notary Public Name

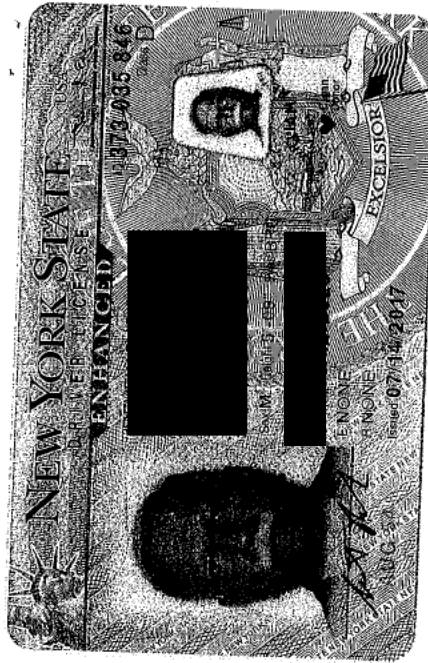
Signature

Date

4/9/17

Please affix Notary Public Stamp or equivalent.





William T. Revelas

Lancaster, NY 14086-2336
(716) 684-7106
wrevelas@roadrunner.com

Objective:

Seeking full-time management position in inventory control or fire safety- related fields.

Qualifications:

- Diverse experience in wholesale and mail order distribution and the application of state-of-the-art purchasing and inventory management systems.
- Many years of hands-on experience in OSHA, safety, environment and regulatory issues.
- A well-respected supervisor who takes a proactive approach to change and business challenges.
- Solid record of accomplishments in manufacturing, warehousing, distribution and healthcare environments, especially when working under pressure and tight deadlines.
- A proven ability to work with details and outside regulatory agencies.

Experience:

STATE UNIVERISTY AT BUFFALO, Buffalo/ Amherst, NY (December 2004-Present)
Largest public university in New York State.

Position Held- Emergency Drill Coordinator/ Safety Inspector

- Escort the New York State Office of Fire Prevention Control (OFPC) Inspector through the University during fire inspections.
- Conducts emergency education drills.
- Provides fire safety education to students, faculty and staff.
- Oversees fire alarm system inspections for all buildings.
- Issues hot work permits
- Oversees fire shutter inspections
- Conducts fire safety inspections on a regular basis
- Develops work orders that initiate corrective actions for deficiencies

MEDCO SUPPLY COMPANY, INC., Tonawanda, NY (June 1996-May 2004) A mail order distributor of first aid, safety, athletic training, podiatric, and pharmaceutical products. Supplying professional and amateur sports teams, colleges and universities, Podiatrists, and all types of businesses.

William T. Revelas

Lancaster, NY 14086-2336
(716) 684-7106
wrevelas@roadrunner.com

***Held the positions of Inventory Control Manager & Safety Director (dual position),
Purchasing Manager***

- Contributed to selection and implementation of a new warehouse management and inventory control system (MK), which included bar coding and radio frequency (RF) technology.
- Initially set up, reviewed, and maintained all item data in the MK system. This was approximately 9,000 SKU'S
- Trained both hourly and supervisory employees in the use of the MK system. This training included the application of RF guns used in product put away, replenishment and order picking. Also, trained receiving and order processing personnel in the use of appropriate MK screens and the running of various reports used in their particular area of responsibility. This was all accomplished in tight three-month time frame.
- Initiated an inventory cycle counting program used in conjunction with the MK system. Approximately 3-5000 locations were counted on a monthly basis.
- Implemented bills of material (BOM) system for in-house assembly of first aid kits and other catalog products. This increased inventory accuracy dramatically.
- Wrote and implemented procedures for storage, order picking, shipping and returns of regulated products as required by applicable laws.
- Wrote and managed shipping procedures for Consumer Commodity (ORM-D) and fully regulated hazardous products as required by the Department of Transportation.
- Scheduled and conducted safety training on a variety of OSHA topics for all employees on a monthly basis.
- Administered first aid and provided medical assistance to employees as needed.

CARDINAL HEALTH, INC., Amherst, NY (February 1984- June 1995) Second largest full service wholesale distributor of drug, health/beauty care products to independent and chain drug stores, hospitals and supermarkets.

Held the positions of director of Purchasing, Purchasing Manager, Buyer.

- Full responsibility for the purchase of pharmaceutical and health/beauty care items for six regional distribution centers in five states.
- Dealt with over 1,000 suppliers, managed inventories of \$300 million consisting of 27,000 SKU's per distribution center.
- Conceived and assisted in the upgrading of the purchasing and inventory management system which improved the accuracy and timelessness of optimal inventory projections.

William T. Revelas

[REDACTED]
Lancaster, NY 14086-2336
(716) 684-7106
wrevelas@roadrunner.com

TOWN OF LANCASTER, NY (May 1996-Present):

Fire Inspector- Part time

- Conducts annual fire inspections of commercial occupancies.

EDUCATION

- B.A. in economics with a concentration in Management, State University College at Buffalo, NY also attended numerous professional training classes. Details will be furnished upon request.
- New York State Code Enforcement Officer

COMMUNITY INVOLVEMENT:

Lancaster Fire Department, Past Chief

Lancaster Volunteer Ambulance Corps., Life Member and Senior Director.

Affirmation of Fitness and Competency

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LANCASTER VOLUNTEER AMBULANCE CORPS, INC.

1484

Name of EMS Agency

NYS EMS Agency Code

LANCASTER VOLUNTEER AMBULANCE CORPS, INC.

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Rachel S. Hutter

Director

Full Name of Individual

Title

Alden, NY 14004

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

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Rachel S. Hutter

Full Name

Rachel S. Hutter

Signature

Date

3/8/18

Certification of Fitness

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Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Rachel S. Hutter

Full Name

Rachel S. Hutter

Signature

Date

3/8/18

Notary Public Affirmation and Acknowledgement

Julie B. Missert

Notary Public Name

Julie B. Missert

Signature

Date

3/8/18

Please affix Notary Public Stamp or equivalent.



Julie B. Missert
Notary Public: State of New York
No. 01M16348210
Qualified in Erie County
My Commission Expires September 19, 2020

PEEL
HERE

ACLS Provider



American
Heart
Association

Rachel Hutter

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Advanced Cardiovascular Life Support (ACLS) Program.

6/2015

6/2017

Issue Date

Recommended Renewal Date

Training Center Name UMMC NY04362 TC ID #

TC Info 211 E. Main St. Batavia NY 14020 (585)344-5331

Course Location Fire Training Center

Instructor Name Kathy Faltisko Inst ID # 04060977304

Holder's Signature

© 2011 American Heart Association Tampering with this card will alter its appearance. 90-1806

This card contains unique security features to protect against forgery.

90-1806 3/11

PEEL
HERE

Healthcare Provider



American
Heart
Association

Rachel Hutter

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

6/2015

6/2017

Issue Date

Recommended Renewal Date

Training Center Name UMMC TC ID # NY04362

TC Info 211 E. Main St. Batavia NY 14020 (585)344-5331

Course Location Cary Hall- Healthy Living

Instructor Name Sheryl Hazlett Inst ID # 05060098438

Holder's Signature

© 2011 American Heart Association Tampering with this card will alter its appearance. 90-1801

This card contains unique security features to protect against forgery.

90-1801 3/11



Rachel Hutter

[REDACTED] Alden, NY 14004 | 716.984.5553 | Rachel.hutter@daemen.edu

EDUCATION:

SUNY College at Brockport

August 2015

Bachelor of Science: Double major in Exercise Science & Kinesiology

Minors: Biology

Study Abroad: Greece

June 2013

Topics of Study: Exercise Physiology I & II, Medical Terminology, Medical Ethics, Exercise Testing & Prescription I & II, Biomechanics, Anatomy & Physiology, Microbiology, Cardiac Rehab, Exercise & Sport Nutrition, Motor Development, Strength & Conditioning, Basic Athletic Training, Kinesiology

CERTIFICATIONS:

BLS, ACLS, Basic Dysrhythmia, Emergency Medical Technician-B

RELATED EXPERIENCE:

United Memorial Medical Cardiac Rehab Internship Batavia, NY Spring 2015-Summer 2015

Lancaster Volunteer Ambulance Corps Lancaster, NY

Spring 2017- Current

Director/EMT-B

EXPERIENCE:

Exercise Physiologist in Cardiac Rehab/EKG Techniciain United Memorial Medical Center

Per Diem; May 2015-Current

- Monitored patients during daily workout routine by taking pulse and recording vital signs
- Developed and walked patients through core exercise routine and cool down
- Patient intake, maintaining patient up to date paperwork
- In/Out patient EKGs
- In/Out patient treadmill stress testing/ nuclear stress testing

Medical Assistant

Gastroenterology Associates of WNY

Full- Time; January 2018-Current

- Recording medical histories
- Resolving insurance billing problems
- Scheduling appointments
- Processing insurance forms
- Maintaining confidentiality
- Arranging for hospital admissions and laboratory services
- Completing patient records after exams and test results

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

LANCASTER VOLUNTEER AMBULANCE CORPS, INC.

1484

Name of EMS Agency

NYS EMS Agency Code

LANCASTER VOLUNTEER AMBULANCE CORPS, INC.

Full Name of Corporate Entity requiring F&C review as a new owner/operator

John O'Donnell

Director

Full Name of Individual

Title

Akron, NY 14001

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If **NO** has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If **YES** has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

JOHN O'DONNELL

Full Name

[Signature]

Signature

3/20/18

Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

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If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

[Signature]

Full Name

[Signature]

Signature

3/20/18

Date

Notary Public Affirmation and Acknowledgement

RICHARD P. O'DONNELL

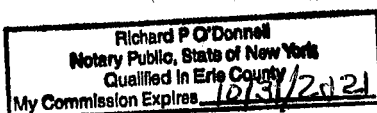
Notary Public Name

[Signature]

Signature

3/20/2018

Date



Please affix Notary Public Stamp or equivalent.

John O'Donnell

Akron NY 14001

716-863-0990

Gump1970@msn.com

Board of Director – Lancaster Volunteer Ambulance Corps.

EXPERIENCE

OCTOBER 1986- PRESENT

ERIE COUNTY SHERIFF'S DEPARTMENT -CIVIL EMPLOYEE DIVISION

October 86-1996 ECHC Kitchen Helper

1996- 2009; 2012-2017 ECHC Senior Labor for Maintenance Department

2009-2012 ECHC Maintenance Supervisor

May 2017-Present Afternoon Shift Cook Alden Correctional Facility

2000-2015

ARMED SECURITY, CHASE SECURITY

Armed private security for various companies, organizations. Company Closed

2003-Present

ERIE COUNTY SHERIFFS DEPARTMENT – RESERVE DEPUTY

As a reserve deputy on the sheriff's scientific division, I have worked various events as a deputy for the Erie County Sheriffs office, and I am required to do the same qualifications their deputies do several times per year.

EDUCATION

1986 NYS HIGH SCHOOL DIPLOMA, AUTO MECHANICS VOCATIONAL DEGREE

Burgard Vocational High School

ACTIVITIES

- Newstead Volunteer Fire Company April 2017- Present Exterior Fire Fighter, Fire Police, EMS Student
- Crittenden Volunteer Fire Company November 2011- February 2017 Interior Fire Fighter, Fire Police Captain, Safety Officer, Board of Director 2 years (Filled vacant term) Mechanic. Won Rookie of the year 2012
- St Teresa's Of Avila -Eucharistic Minister Since 2014
- St Thomas Aquinas Buffalo- Eucharistic Minister Until 2014 (Married and Moved churches) also was a CYO Youth Minister for several years mentoring high school kids and various activities.

- Lancaster Volunteer Ambulance Corps -Driver joined Feb 2016. Volunteer of the year 2017
- AHA CPR Instructor
- Driver Trainer/FTO for Lancaster Volunteer Ambulance Corps -1 year
- Top Volunteer in Squad Hours 2016 and 2017 at Lancaster Volunteer Ambulance Corps

STENGTHS

- Familiar with employee negotiations, employee relations, Union Bargaining from previous supervisor position
- Familiarity with working with local fire departments, knows many of the people we work with on a daily basis due to past volunteer experience within Lancaster/Alden Fire Control
- First responder knowledge, although I have issues passing the NYS EMT exam, my working with fire and ems agencies has been enhanced by my time here at LVAC and other organizations

REFERENCES-

Joel Gregorio- Alden Correctional Kitchen Manager 716-472-2985

Mike Mutter- Chief Newstead Fire Company- 716-725-8294

Alan Piasieski -Chief Crittenden Fire Company 716-374-3966

Affirmation of Fitness and Competency

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LANCASTER AMBULANCE CORPS, INC.

1484

Name of EMS Agency

NYS EMS Agency Code

LANCASTER AMBULANCE CORPS, INC.

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Amy L. Revelas

Director

Full Name of Individual

Title

[REDACTED] Lancaster, NY 14086

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES NO

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Home or residence licensed by NYS or equivalent in any other state. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state. |

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- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

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If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Amy Revelis
Full Name

[Signature]
Signature

10.10.18
Date

Certification of Fitness

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Amy Revelis
Full Name

[Signature]
Signature

10.10.18
Date

Notary Public Affirmation and Acknowledgement

DAVID B GARWOOD
Notary Public Name

[Signature]
Signature

10/10/18
Date

DAVID B. GARWOOD
Notary Public, State of New York
No. 02GA6288504

Qualified in Onondaga County
Commission Expires September 9, 2021

Please affix Notary Public Stamp or equivalent.

#1074

New York State Department of Health
Bureau of Emergency Medical Services

Certificate No.: 369526 Expiration: 02/28/17

AMY E REVELAS
is hereby certified as an
EMT-BASIC

Nirav R. Shah, M.D., M.P.H. Lee Burns
Commissioner of Health Director

HEALTHCARE PROVIDER

Healthcare Provider

American Heart Association.

Amy Revelas

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

Feb 2014 Feb 2016
Issue Date Recommended Renewal Date

NEW YORK STATE

ENLARGED

DRIVER LICENSE

ID: 146 913 683 CLASS D

REVELAS, AMY E

SEX: F EYES: BR HT: 5-03
E: NONE
R: NONE

ISSUED: 08-27-13 EXPIRES: 09-06-21

TTAKLH2200

New York State Department of Health
Bureau of Emergency Medical Services

Certificate No. 369526 Expiration 3/31/2020

AMY L. REVELAS

is hereby certified as an

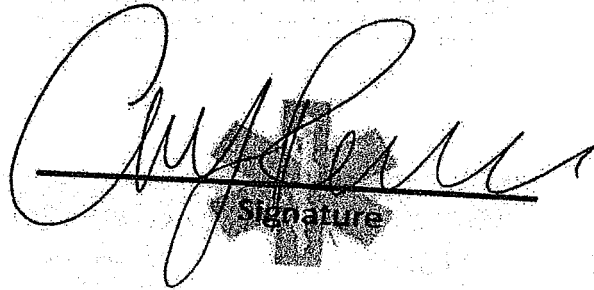
EMT - BASIC

Howard A. Zucker, M.D., J.D.

Commissioner of Health

Lee Burns

Director


Signature

DOH - 3815 (5/2014)

New York State Department of Health
Bureau of Emergency Medical Services

Certificate No.: 369526 Expiration: 3/31/2020

AMY L. REVELAS

is hereby certified as an
EMT - BASIC

Howard A. Zucker, M.D., J.D.
Commissioner of Health

Lee Burns
Director

BASIC LIFE SUPPORT

**BLS
Provider**



Amy Revelas

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

Issue Date: 01/06/2017 Recommended Renewal Date: 01/2019

To view or verify authenticity, students and employers should scan the QR code with their mobile device or go to www.heart.org/cpr/mycards.



Amy L. Revelas

Lancaster, NY 14086-2336

(716) 913-8339

amylrevelas@gmail.com

Education:

Bachelor of Science in Criminal Justice May 2014
Hilbert College, Hamburg, NY

Employment Experience:

Town of Lancaster Court (January 2017- Present): *Court Officer*

- Responsible for checking all patrons into the court building and monitoring magnetometer.
- Responsible for drug testing all female participants in the Drug Court program
- Responsible for bringing court cases into the court room from the Prosecutor/ Assistant District Attorney of the day.
- Responsible for maintaining order in the court room
- Ensures optimum safety and security of the Judge and Court Clerks

New York State University Police (University at Buffalo August 2016- Present):

University Police Communications and Security Specialist 1

- Responsible for receiving and prioritizing all incoming telephone calls
- Efficiently dispatch vehicles to emergency and non-emergency calls in a timely manner.
- Responsible for maintaining professional telecommunication contact with field units and other agencies
- Demonstrates strong interpersonal skills and able to be customer service orientated.

Rural Metro Ambulance (February 2016- August 2016): *Dispatcher*

- Responsible for receiving and prioritizing all incoming telephone calls
- Efficiently dispatch vehicles to emergency and non-emergency calls in a timely manner.
- Demonstrates the ability to make accurate moment to moment decision making in regard to the dispatch of emergency and non-emergency vehicles.
- Responsible for obtaining required information from party requesting medical transport
- Responsible for maintaining professional telecommunication contact with field units and other agencies

Brinks INC (November 2015-February 2016): *Teller/ATM Point Person*

- Responsible for verifying deposits and orders for banks
- Responsible for balancing and filling all ATM orders for various commercial customers
- Responsible for counting, verifying, and reporting on all inventory
- Responsible for processing, verifying and balancing transactions
- Responsible for ensuring all customers' requests are met in a timely matter

Amy L. Revelas
[REDACTED]
Lancaster, NY 14086-2336
(716) 913-8339
amylrevelas@gmail.com

Tops Friendly Markets (August 2009- October 2015): *Customer Service Representative/Bookkeeper*

- Promoted to Fulltime Bookkeeper (2014).
- Responsible for balancing store reports- daily, weekly and monthly
- Responsible for all bookkeeping functions of the store.
- Responsible for cashing customer checks, processing customer's utility bills and processing lottery ticket transactions.
- Promoted to Customer Service Desk (2011).
- Promoted to Customer Service Lead within one year of employment (2010).

Related Experience:

Erie County New York Probation Department 'Internship' (January 2014-May 2014)

- Observe Probation Officers with their daily activities which include interviews with the probationers, court appearances, and gaining knowledge of the workings of the probation department.

New York State Liquor Authority Buffalo NY: (May 2012- September 2013)
Volunteer (approximately 20 buys)

- Under the supervision Liquor Authority agents, conducted undercover surveillance of establishments that sold alcohol to underage customers.

Related Experiences Continued:

Lancaster Volunteer Ambulance Corps. (November 2007- Present): *Attendant/ Director*

- New York State Certified Emergency Medical Technician (EMT), January 2011- Present
- American Heart CPR Certified., January 2011- Present
- Transport critically ill and injured patients to area hospitals.
- Use radio communication effectively and efficiently.
- Currently serving as a Director on the Board of Directors (January 2018- Present)
- Active participant to the LVAC membership recruitment committee.

Affirmation of Fitness and Competency

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LANCASTER VOLUNTEER AMBULANCE CORPS, INC.

1484

Name of EMS Agency

NYS EMS Agency Code

LANCASTER VOLUNTEER AMBULANCE CORPS, INC.

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Brian M. Foote

Treasurer

Full Name of Individual

Title

Depew, NY 14043

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
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- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
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- Listing of address of residence, or if less than 2 years, addresses of prior residences.


Certification of Competency

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Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Brian Michael Foote
Full Name


Signature

04/09/2017
Date


Certification of Fitness

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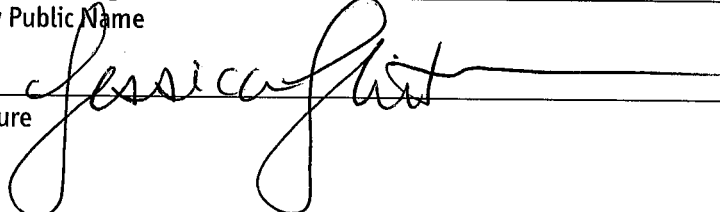
Brian Michael Foote
Full Name


Signature

04/09/2017
Date

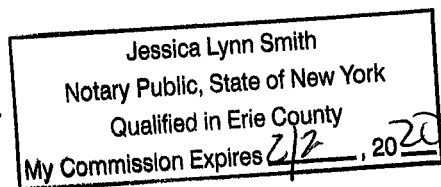
Notary Public Affirmation and Acknowledgement

Jessica L Smith
Notary Public Name


Signature

4/9/17
Date

Please affix Notary Public Stamp or equivalent.



NEW YORK STATE
VETERAN DRIVER LICENSE

ID 137 584 546
FOOTE

Sex M DOB [REDACTED] Eyes HAZ
Exp [REDACTED] 21
E NONE
R NONE
Issued 02/07/2017

APR 88

EXCELSIOR

Organ Donor

dmv.ny.gov

01201 007444308 07

TIL2RMJU08

Expiry make an anatomical gift

New York State Department of Health
Bureau of Emergency Medical Services

Certificate No.: 355140 Expiration: 7/31/2020

BRIAN M. FOOTE

is hereby certified as an

EMT - BASIC

Howard A. Zucker, M.D., J.D.

Commissioner of Health

Lee Burns

Director

Brian M. Foote

Depew, NY 14043

912-445-1655 (cell)

Brian.m.foote@gmail.com

SECURITY CLEARANCE: Current TS-SCI Clearance (Reinvestigation completed March 11th 2015)

PROFESSIONAL SUMMARY:

Military Veteran with 7 years' experience as a proven senior team member. Providing leadership and direction to junior soldiers. Was held accountable for more than \$250,000 worth of specialized equipment with no known losses or incidents.

KEY QUALIFICATIONS:

- Critical Thinking
- Judgment and Decision Making
- Flexibility
- Attention to Detail
- Time Management
- Management of Personal Records
- Adaptability
- Active Learner
- Active Listener

EXPERIENCE:

Lancaster Volunteer Ambulance Corps.

Driver

February 2017 – Present

February 2008- October 2009

Lancaster, NY

Currently holding a driving position as a volunteer.

- Currently recertifying as an EMT-B for New York state.
- Previously held a position as an EMT-B/Driver.

US ARMY

Explosive Ordnance Disposal Technician Senior Team Member at 38th Ordnance Company

June 2016 – January 2017

Fort Stewart, GA

Held an operations position to maintain records and forecast different training events for the company to continue training in the future.

- Maintained personnel records for 44 soldiers of the complete training that has been conducted.
- Informed supervisors of deficiencies in paperwork and training for corrections to be made.
- Organized company paperwork to provide smooth transition between new supervisors.
- Compiled the latest trend reports and provided them to training to make sure soldiers had realistic training.

US ARMY

Explosive Ordnance Disposal Technician Senior Team Member at 731st Ordnance Company

February 2014 - June 2016

Fort Stewart, GA

Held accountable for more than \$500,000 worth of communications equipment for the company with no known losses. Maintained two different robotic platforms in support for the company to deploy in support of combat operations.

- Conducted training for 6 team leaders to ensure proficiency in the career field.
- Taught classes to more than 500 soldiers to be able to identify unexploded ordnance.
- Supervised the training of communication equipment for 100% proficiency of 44 soldiers.
- Built and updated over 200 training aids to be as realistic to fit the current trends around the world.

US ARMY

Explosive Ordnance Disposal Technician Senior Team Member at 716th Ordnance Company

December 2010 - February 2014

Joint Base Elmendorf Richardson, AK

Served as a team member while deployed in support of combat operations, mitigating hazards from improvised explosive devices for continued mission capability.

- Operated and maintained three different robotic platforms worth over \$250,000. These robots were able to successfully recover components from more than 27 Improvised Explosive Devices.
- Assisted in the safe disposal of over 60,000 pounds of unserviceable explosives as well as over 1.75 million rounds of unserviceable ammunition.
- Operated 5 separate armored vehicle in excess of 3,800 miles under combat conditions without an accident or incident.
- Conducted four separate convoy operations to ensure the quick and effective resupply of forward teams delivering essential equipment and ammunition.
- Maintained equipment to conduct more than 75 EOD missions throughout three different provinces in Afghanistan.
- Provided guidance and leadership to junior team member that did not have the same amount of experience.

US Security

Security Guard/EMT-B

September 2007-October 2009

Buffalo, NY

- Provided basic medical support to employees of Luvata Buffalo, Inc. that were injured on the job.
- Applied security measures to the plant to not allow personnel that did not work at Luvata Buffalo, Inc. to enter.

Tops Friendly Markets

Cashier

August 2006-August 2007

Lancaster, NY

- Customer service accountable for handling currency as well as credit card transaction.

Six Flags Darien Lake

Finance Clerk

June 2006-August 2006

June 2007-September 2007

Darien Center, NY

- Prepared currency to be separated by face value to acquire and accurate dollar amount.
- Organized a minimum of \$100,000 of park revenue on a daily basis.
- Seasonal work.

EDUCATION

- Naval School Explosive Ordnance Disposal, Eglin Air Force Base, Florida, 2010.
- Basic Combat Training, Fort Jackson, South Carolina, 2009.
- Hilbert College, Completed 78 credit hours in Criminal Justice, Hamburg, NY. 2006-2009

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

LANCASTER VOLUNTEER AMBULANCE CORPS, INC.

1484

Name of EMS Agency

NYS EMS Agency Code

LANCASTER VOLUNTEER AMBULANCE CORPS, INC.

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Michelle L. Williams

Secretary

Full Name of Individual

Title

Buffalo, NY 14217

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If **NO** has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If **YES** has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Michelle Williams

Full Name

M Williams

Signature

4-9-2017

Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Michelle Williams

Full Name

M Williams

Signature

4-9-2017

Date

Notary Public Affirmation and Acknowledgement

Jessica Smith

Notary Public Name

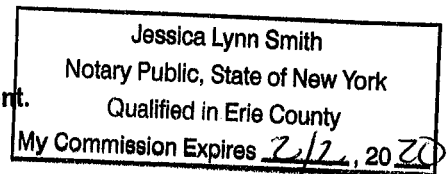
Jessica Smith

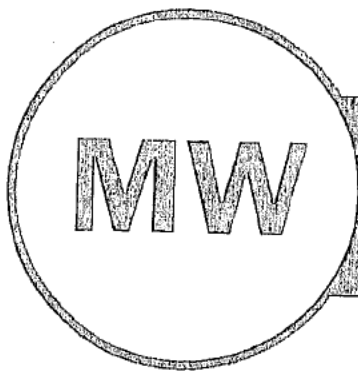
Signature

4/9/17

Date

Please affix Notary Public Stamp or equivalent.





MICHELLE WILLIAMS

**KENMORE NY 14217
SECURITY OFFICER 2**

OBJECTIVE

With my extensive background in customer service and my hard work pays off ethic I believe that I can help contribute to the mission, vision and values of this company.

SKILLS

Report Writing
Trainer
EMT - B certified
Great Customer Service
People Person

EXPERIENCE

SECURITY OFFICER 2 - SENECA NIAGARA CASINO - FEB. 2007 TO PRESENT

During my 10 years with this company I have willingly accepted all challenges. I have accepted and mastered all job duties (EMS, trainer, podium, dispatch, card/dice, bike patrol, etc.)

EMT-B - SECRETARY - LANCASTER AMBULANCE - OCT. 2015 TO PRESENT

Primary job is EMS patient care on an ambulance, secondary is all secretarial job duties for the company.

EDUCATION

LOCAL DIPLOMA - JUNE 2004 - KENMORE WEST HIGH SCHOOL

While taking all my normal classes I also took extra classes in Criminal Justice at Erie 1 Boces Career Center for 2 years.

ASSOCIATES IN CRIMINAL JUSTICE - DECEMBER 2006 - NCCC

Started my college classes at Herkimer Community then transferred home after a year with 26 credit hours, a year later I graduated with 41 credit hours and my Associates in Criminal Justice.

VOLUNTEER EXPERIENCE OR LEADERSHIP

Lancaster Volunteer Ambulance Corp. - Oct. 2015 to present
Started as a volunteer basic EMT and now have been promoted to secretary of the corporation.

PHONE: (716)544-2489

SHELLY_7204@YAHOO.COM

Congratulations!

You have achieved certification as a New York State Emergency Medical Technician or Certified First Responder. Attached is your proof of certification and your course completion certificate. Please carefully cut out your wallet card and wall certificate. We suggest that you sign the back and laminate your proof of certification. The results of your examination are on the back of the course completion certificate.

Please note the date of expiration indicated on the wallet card.

*New York State Department of Health
Bureau of Emergency Medical Services*

MICHELLE L. WILLIAMS

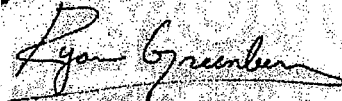
*has completed a certification course
for the level of*

CONTINUING EDUCATION - BASIC

Course Number: 118014

Issue Date:

ID Number: 415886



Ryan P. Greenberg, Director
Bureau of Emergency Medical Services

DOH-3815 (5/2014)



New York State Department of Health
Bureau of Emergency Medical Services

Certificate No.: 415886 Expiration: 7/31/2021

MICHELLE L. WILLIAMS

is hereby certified as an
EMT - BASIC

Howard A. Zucker, M.D., J.D.
Commissioner of Health

Ryan P. Greenberg
Director

DOH-3815 (5/2014)

Exhibit C

CERTIFICATE OF INCORPORATION
OF

LANCASTER VOLUNTEER AMBULANCE CORPS, INC.

Under Section 402 of the Not-For-Profit Corporation Law

We, the undersigned, hereby certify:

1. The name of the Corporation shall be Lancaster Volunteer Ambulance Corps, Inc.
2. The Corporation is a corporation as defined in Sub-paragraph (a) (5), under Section 102 of the Not-For-Profit Corporation Law.

3. The purposes for which the Corporation is formed are as follows:

- A. To provide general ambulance service to the sick and/or injured and to contract with municipal governments with respect to providing the same.
- B. To own, lease and otherwise acquire, by gift or purchase, ambulance apparatus or other emergency equipment and related supplies necessary to carry out the purposes as set forth herein.
- C. To own, lease and otherwise acquire land and to construct, erect and maintain buildings and units for corporate purposes, and for the use of the members of the Corporation, and for providing a place of meeting for the members of the Corporation.
- D. Generally, to do all things deemed necessary.

CERTIFICATE OF INCORPORATION

advisable and proper by its members for the accomplishment, attainment or furtherance of the purposes set forth in this Certificate of Incorporation; to possess all the rights, powers and privileges now or hereafter conferred by the laws of the State of New York upon a not-for-profit corporation organized under the laws of the State of New York; provided, that nothing herein set forth shall be construed as authorizing the Corporation to possess any purpose forbidden by law to a not-for-profit corporation organized under the laws of the State of New York.

4. The Corporation shall be a Type B Corporation under Section 201 of the Not-For-Profit Corporation Law.

5. The office of the Corporation shall be located in the Town of Lancaster, County of Erie, State of New York.

6. The territory in which the Corporation intends to operate is the Towns of Lancaster and Cheektowaga, County of Erie, State of New York, including the Village of Lancaster and that portion of the Village of Depew which lies within the Town of Lancaster and that portion of the Village of Depew which lies within the Town of Cheektowaga.

7. The names and addresses of the Initial Directors are:

<u>NAME</u>	<u>ADDRESS</u>
Robert W. Urban	11 Fifth Avenue Lancaster, New York
Lawrence H. Pohl	243 Broezel Street Lancaster, New York
Delores L. Spoth	218 Central Avenue Lancaster, New York

Committee of Incorporation to possess all the rights, powers and influence of the corporation set forth in this agreement and global, by its members, for the accomplishment

Philip D. Schaaf	5344 Genesee Street Bowmansville, New York
Jack J. Bromwich	5593 Broadway Lancaster, New York
William F. Grant	49 Wayne Street Depew, New York
Ronald D. Feuerstein	142 Court Street Lancaster, New York
Albert J. Rinow	72 Laverack Avenue Lancaster, New York
Leo F. Jerge	1882 Como Park Boulevard Lancaster, New York
Paul G. Welker	264 Canton Street Depew, New York
Raymond J. Faulhaber	4998 William Street Lancaster, New York
Eugene J. Weiss	89 Warsaw Street Depew, New York

8. The Post Office address to which the Secretary of State shall mail a copy of any notice required by law is 21 Central Avenue, Village of Lancaster, County of Erie, State of New York.

9. No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to, its members, directors, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Paragraph 3 herein. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or

distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision herein, the corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal income tax under Section 501 (c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

10. Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provision for the payment of all of the liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purposes of the corporation in such manner as the Board of Directors shall determine; provided, that no member, director, officer or other private person shall be entitled to share in any of their corporation's assets upon dissolution of the corporation.

11. Prior to the delivery of this Certificate of Incorporation to the Department of State for filing, all approvals or consents required by the Not-For-Profit Corporation Law or by any other statute of the State of New York will be endorsed or annexed hereto.

IN WITNESS WHEREOF, we, the undersigned, being each at least 18 years of age, have made, subscribed and acknowledged this certificate this 6 day of March, 1975.

Robert W. Urban

Robert W. Urban
11 Fifth Avenue, Lancaster, N.Y.

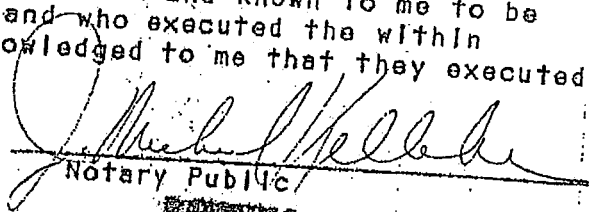
Ronald D. Feuerstein, Sr.

Ronald D. Feuerstein, Sr.
142 Court Street, Lancaster, N.Y.

ACKNOWLEDGMENT

STATE OF NEW YORK)
COUNTY OF ERIE) SS.

On this 6 day of March, 1975, before me, the subscribers, personally appeared, Robert W. Urban and Ronald D. Feursteln, Sr., to me personally known and known to me to be the same persons described in and who executed the within instrument, and they duly acknowledged to me that they executed the same.

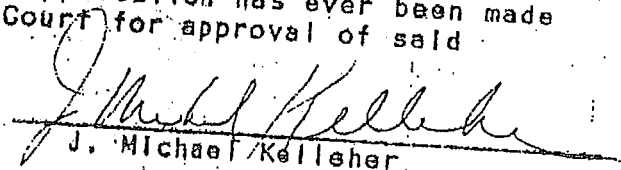

Notary Public

AFFIDAVIT

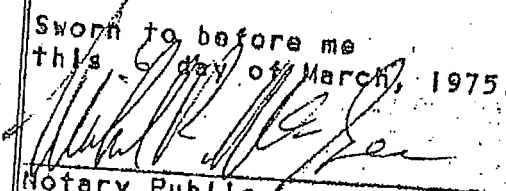
STATE OF NEW YORK)
COUNTY OF ERIE) SS.

J. Michael Kelleher, being duly sworn, deposes and says:

1. That he is the attorney for the subscribers to the foregoing Certificate of Incorporation.
2. That no previous application has ever been made to any Justice of the Supreme Court for approval of said Certificate of Incorporation.


J. Michael Kelleher

Sworn to before me
this 6 day of March, 1975.


Notary Public

MICHAEL R. MCGEE
Notary Public, State of New York.
Qualified in Erie County
My Commission Expires March 20, 1975

SUPREME COURT JUSTICE APPROVAL

I, THOMAS F. MCGOWAN

Justice of the Supreme Court of the State of New York, Fourth
Judicial District, do hereby approve the foregoing Certificate
of Incorporation of LANCASTER VOLUNTEER AMBULANCE CORPS, INC.,
and consent that the same be filed.

Dated MAR 31 1975

Supreme Court, Erie County,
Special Term, Buffalo, New York

THOMAS F. MCGOWAN

Justice of the Supreme Court,
Fourth Judicial District

GRANTED

MAR 31 1975
HENRY CALLEY

SECT. DEPT. CLERK

COPY

CERTIFICATE OF CHANGE
OF
CERTIFICATE OF INCORPORATION
OF
LANCASTER VOLUNTEER AMBULANCE CORPS., INC.

Filed by:

Richard J. Sherwood, Esq.
25 Central Avenue
Lancaster, New York 14086

CERTIFICATE OF CHANGE
OF
CERTIFICATE OF INCORPORATION
OF

LANCASTER VOLUNTEER AMBULANCE CORPS., INC.

Under Section 803-A of the Not-For-Profit Corporation Law.

IT IS HEREBY CERTIFIED THAT:

1. The name of the corporation is LANCASTER VOLUNTEER AMBULANCE CORPS., INC.

2. The certificate of incorporation was filed by the Department of State on the 14th day of April, 1975, under the name LANCASTER VOLUNTEER AMBULANCE CORPS., INC. under the Not-For-Profit Corporation Law.

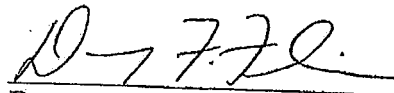
3. The certificate of incorporation is changed:

To specify or change the post office address to which the Secretary of State shall mail a copy of any process against the corporation served upon him to:

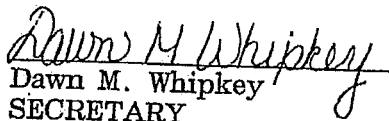
P.O. Box 164
Lancaster, New York 14086

The change of the certificate of incorporation was approved by or pursuant to authorization of the board of directors.

IN WITNESS WHEREOF, this certificate has been subscribed to this 19th day of August, 1997 by the undersigned who affirm(s) that the statements made herein are true under penalties of perjury.



Danny F. Fliss
PRESIDENT



Dawn M. Whipkey
SECRETARY

DIVISION OF CORPORATIONS AND STATE RECORDS

ALBANY, NY 12231-0001

FILING RECEIPT

ENTITY NAME : LANCASTER VOLUNTEER AMBULANCE CORPS., INC.

DOCUMENT TYPE : CERTIFICATE OF CHANGE (DOM. NFP)
PROCESS

COUNTY: ERIE

SERVICE COMPANY : GERALD WEINBERG

SERVICE CODE: 13

FILED: 08/20/1997 DURATION: ***** CASH #: 970820000210 FILM #: 970820000209

ADDRESS FOR PROCESS

THE CORPORATION
P.O. BOX 164
LANCASTER, NY 14086

REGISTERED AGENT



FILER

RICHARD J. SHERWOOD, ESQ.
25 CENTRAL AVENUE

LANCASTER, NY 14086

FEES

FILING : 20.00
TAX : 0.00
CERT : 0.00
COPIES : 0.00
HANDLING: 25.00

45.00 PAYMENTS 45.00

CASH : 0.00
CHECK : 0.00
BILLED: 45.00

REFUND: 0.00

DOS-1025 (11/89)

STATE OF NEW YORK
DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the
Department of State, at the City of Albany,
on March 18, 2019.

A handwritten signature in cursive script that reads "Whitney Clark".

Whitney Clark
Deputy Secretary of State

190315000 110

**CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF**

LANCASTER VOLUNTEER AMBULANCE CORPS, INC.

UNDER SECTION 803 OF THE NOT-FOR-PROFIT CORPORATION LAW

The undersigned, being the president and secretary of the Lancaster Volunteer Ambulance Corps, Inc. do hereby certify and set forth:

1. The name of the Corporation is Lancaster Volunteer Ambulance Corps, Inc.
2. The certificate of incorporation of the Corporation was filed by the Department of State on the 14TH day of April, 1975. The Corporation was formed pursuant to the Not for Profit Corporation Law.
3. The Corporation purports to be a Charitable Corporation as defined in Section 201 of the Not-For-Profit Corporation Law. The Corporation is a corporation as defined in Section 102(a)(5) of the Not-For-Profit Corporation Law.
4. Paragraph 6 of the Certificate of Incorporation, which sets forth the territory in which the Corporation intends to operate is hereby amended to add another paragraph stating an additional territory for operations, to be:

To provide ambulance services also in any other territory as permitted by law, pursuant to mutual aid or as additionally listed in the Corporation's Ambulance Service Certificate as may be amended from time to time.

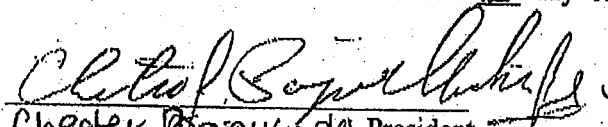
5. The Secretary of State is designated as the agent of the Corporation upon whom service of process against the Corporation may be served. The post office address to which the Secretary of State shall mail a copy of any process against the Corporation served upon him is:

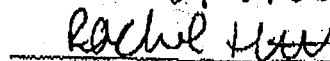
Lancaster Volunteer Ambulance Corps, Inc.
Attention President
40 Embury Place, Lancaster, NY 14086

6. These amendments to the Certificate of Incorporation of the Corporation were authorized pursuant to section 802 of the Not-For-Profit Corporation Law, by a majority of the votes cast at a meeting of members by the members entitled to vote thereon, and that the affirmative votes cast in favor of these amendments were at least equal to the quorum required for such meeting.

190315000110

IN WITNESS WHEREOF, the undersigned have executed this Certificate this 13 day of March, 2019.


Chester Popiołkowski, President


Rachel Hutter, Secretary

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CERTIFICATE OF AMENDMENT

OF

LANCASTER VOLUNTEER AMBULANCE CORPS, INC.

PURSUANT TO SECTION 803 OF THE NOT-FOR-PROFIT CORPORATION LAW

FILED

2019 MAR 15 PM 2:34

STATE OF NEW YORK
DEPARTMENT OF STATE

FILED

MAR 15 2019

TAX \$
BY:

FILED BY: PINSKY LAW GROUP, PLLC
ATTN: BRADLEY PINSKY, ESQ.
5789 WIDEWATERS PKWY
SYRACUSE, NEW YORK 13214
(315) 428-8345

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**BY-LAWS
OF THE
LANCASTER VOLUNTEER AMBULANCE
CORPS, INC.**

Revised November 2017

Article II. MEMBERS

Section 2.01 Membership: All individuals accepted to the organization by majority vote of the General Membership and who are involved in work relating to the corporate purpose shall be considered members of the LVAC.

Section 2.02 Qualifications: Any NYS resident of at least 18 years of age may submit to the standard application process as set forth by the current administration. Applicants may be accepted as members of the organization upon attaining a majority vote of the General Membership at any regular membership meeting provided a quorum is present for that meeting. The board may approve new members, if a quorum is not present.

Section 2.03 Classification of Membership Status: Members shall be classified as follows:

- A.) Active Members: Those members who have fulfilled their probationary requirements, perform their duties relating to the LVAC's purpose for a minimum of sixteen (16) hours per month, and comply with relevant laws and regulations of the corporation. Active members have voting privileges.
- B.) Probationary Members: Those members who have been admitted as new members, or reinstated to the corporation, for fewer than twelve (12) months. A probationary period lasts for twelve (12) months effective from the date of acceptance or reinstatement of that member. At the completion of the probationary period a probationary member shall automatically gain active member status. Probationary members are required to fulfill the minimum sixteen (16) hours per month squad time requirement.
- C.) Inactive Members: Those members who have been removed from active status by the majority vote of the Board of Directors for inactivity or failure to meet the requirements of the active membership. Inactive members shall have no voting privileges and may not participate in any function of the LVAC. Upon placement to inactive member status, said member may be dropped from the rolls by majority vote of the General Membership at any regular or special membership meeting. No member shall be placed to inactive status indefinitely. Those members that have been granted an official leave of absence shall be considered inactive members but are not subject to removal from the rolls while on leave. Inactive members dropped from the rolls (without expulsion) are eligible to reapply for membership.

Article III. MEMBERS' MEETINGS

Section 3.01 Meetings: The annual meeting of the General Membership shall be held each year on the second Saturday of December at 1400 hours (EST) at the corporate headquarters. The Board of Directors may change this date by a 2/3 vote. Regular meetings of the General Membership of the corporation will be held on the second Sunday of every month at 1900 hours.

Section 3.02 Meeting Notice: There need be no written notice of the time of the annual meeting unless the date or time has been changed by the Board of Directors. In the event of such a change, notice shall be given to each member by certified mail, not less than ten (10) days prior to the date of the meeting.

Section 3.03 Attendance Requirements: All active members of the corporation must attend at least four (4) regular or special general membership meetings per year. Any member who is late more than 30 minutes from the beginning of the meeting shall not be given credit for attendance unless an immediate corporate function is the cause of tardiness. Any member who leaves a meeting before it is adjourned will be marked absent for that meeting unless excused by the presiding officer of the meeting.

Section 3.04 Special Meetings: Special meetings of the general membership may be called by the majority (51 percent) of the entire Board of Directors or by presentation of written request upon the president by at least fifteen (15) active members of the LVAC. All active members shall be notified of the special meeting by text/email/phone no less than seven (7) days prior to the date of aforementioned meeting. Notice of special meetings shall state the purpose of said meeting.

Section 3.05 Meeting Quorum: A quorum shall be defined as at least eleven (11) voting members, including a majority of the Board of Directors. A quorum must be present for the transaction of all business.

Section 3.06 Meeting Structure: The president shall chair the meeting of the members. Should the president be unable to preside, the duties should be then given to the next highest-ranking officer on the executive side. The secretary shall take minutes at all of the membership meetings.

Section 3.07 Voting: Each active member shall be entitled to one vote. Active members may not vote by proxy. An active member may lose voting privileges upon failure to attend at least four (4) of the previous twelve (12) regular or special meetings of the general membership, unless absence is related to preoccupation with corporate affairs.

Article IV. BOARD OF DIRECTORS

Section 4.01 Duties and Responsibilities: The duties and responsibilities of the Board of Directors shall include: carrying out the purpose of the Corporation in accordance with relevant state and federal laws, LVAC By-laws, LVAC rules and regulations, the administrative manual, standard Operating Procedures manual; and to enforce the same.

Section 4.02 Management: The LVAC shall be managed by the Board of Directors.

Section 4.03 Number: The number of directors of the Board shall be nine (9). The General Membership may change the number of the Board by majority vote of the General Membership.

Section 4.04 Election of Directors: The General Membership shall elect the Board of Directors at the annual meeting by majority vote of the active General Membership present. The Board of Directors shall be elected from the General Membership. A candidate is not eligible to serve as an officer of the Board unless accepted as a member for at least twenty-four (24) consecutive months.

Section 4.05 Term of Office: Officers of the Board of Directors shall hold office for the two (2) years until the expiration of their term and until their successor has been elected and qualified; or until the officer's resignation, removal, or death. In order to secure continuity of the Board of Directors, terms of office should be staggered. The offices of President, Secretary, and two (2) General Directors shall be replaced at the beginning of years ending with even numbers. The offices of Vice President, Treasurer, Director of Operations, and the remaining two (2) General Directors shall be replaced at the beginning of years ending in odd numbers.

Section 4.06 Vacancies and New Directorships: Vacancies and new directorships created by the membership shall be filled by majority vote of the Board of Directors. Their term shall expire at the beginning of the next calendar year.

Section 4.07 Removal of Directors: Directors elected by the General Membership may only be removed by a majority vote of the voting General Membership with just cause. Directors elected to fill vacancies by the Board of Directors may be removed by majority vote of the voting General Membership, or by majority vote of the Board of Directors, with just cause. Just cause for removal shall be considered

- 1.) Failure to attend two (2) consecutive Board of Directors meetings or two (2) consecutive General Membership meetings unless excused by the president
- 2.) Dereliction of duties
- 3.) Violation of corporation By-laws or Standard Operating Procedures
- 4.) Violation of State or Federal Laws

Article V. OFFICERS

Section 5.01 Officers: The corporation shall have a Board of Directors consisting of the President, Vice President, Secretary, Treasurer, Director of Operations, and four (4) General Directors. No person may hold more than one elected office at a time.

Section 5.02 Election of Officers: Officers shall be elected at the annual meeting of the General Membership.

Section 5.03 Vacancies: Any vacancy in office will be filled by the Board of Directors at their next Board of Directors meeting. Candidates to appointment must come from the active membership but need not be eligible to run for election to the office for which they are to be appointed. An appointed officer's term shall expire at the beginning of the calendar year following their appointment.

Section 5.04 Agents and Employees: The Board of Directors may hire or appoint other agents and employees as necessary, who may receive reasonable compensation as the Board shall deem appropriate.

Section 5.05 Duties of Officers: The duties of each office are set forth below and may be expanded by resolution of the Board of Directors.

Officers of the Board of Directors

- (A) President: The president shall chair all meetings of the General Membership and Board of Directors. They shall supervise the corporate affairs and keep both the General Membership and Board of Directors informed of said affairs. All corporate documents shall be signed by both the president and secretary.
- (B) Vice President: The vice president shall perform the duties of the president in event of the president's absence.
- (C) Secretary: The secretary shall give notice of, and take the minutes at all meetings of both the General Membership and Board of Directors. They shall handle all corporate correspondence not handled by the president. All corporate records, with the exception of financial records, will be managed and kept current by the secretary.
- (D) Treasurer: The treasurer shall keep all accounts of corporate receipts and disbursements. They will deposit all monies received in the bank and shall write checks for the corporation. At the annual General Membership meeting they shall present a treasurer's report of the corporate financial status.

Article VI. ORDER OF BUSINESS AND RULES OF ORDER

Section 6.01 Commencement of Meeting: Meetings shall begin when ordered by the presiding officer of the meeting.

Section 6.02 Motions: Motions will not be subject to debate until they have been moved and seconded by an active member and so recognized by the presiding officer. Before any motion may be put to vote, the presiding officer will state the full motion. On call of seven (7) voting members, debate shall cease and a vote be taken on the motion.

Section 6.03 Votes: All eligible voters at any meeting must vote on a motion when a vote is called by the presiding officer. A majority (51% of eligible voters present) is required to accept the motion.

Section 6.04 Robert's Rules of Order: Any issue regarding order of business or rules of order that is not specifically addressed in these by-laws shall revert to the most recent edition of Robert's Rules of Order.

Article VIII. ELECTION PROCEDURES

Section 8.01 Letter of Intent: A letter of intent to run for any office of the corporation must be submitted to the secretary during the period November 1st through November 30th. On November 30th at 2359hours, the nomination period shall be closed and the slate shall be immediately posted by the Secretary.

Section 8.02 Ballots: All elections shall be determined by written ballot. All active voting members present shall vote for one candidate for office. Absentee ballot votes shall be counted for candidates as listed on the ballot. In the event that a candidate is running for office unopposed, the Secretary shall then cast one vote in favor of that candidate.

Section 8.03 Absentee Ballots: Absentee ballots shall be counted for candidates as indicated on the ballot. Absentee ballots indicating the candidates for each office shall be available upon written request to the Secretary and returned or mailed to the Secretary before the commencement of the annual meeting. Absentee ballots must be in a sealed envelope with the voting member's name and the word "ballot" marked on the front of the envelope.

Section 8.04 Ballot Count: The candidate with the most votes shall be deemed the winner of the election. In the event of a tie, the voting members shall vote again in order to break the tie. Any candidate may call for a recount of the ballots to the office for which they are running prior to the adjournment of the meeting.

Section 8.05 Eligible Voters: Members eligible to vote at the annual meeting must be active members and have fulfilled the following requirements:

1. Attended at least four (4) of the previous twelve (12) Regular or Special General Membership meetings.
2. Attended at least four (4) regular training sessions and have fulfilled the training requirements of the state (i.e. semi-annual skills, WMD, CPR, etc.) relevant to their level of care.

Article X. CORPORATE FINANCIAL AFFAIRS

Section 10.01 Fiscal Year: The fiscal year of the corporation will run from January 1st to December 31st.

Section 10.02 Banks: The Board of Directors will select the banking institution in which the corporate account shall be maintained. Unless authorized by a resolution of the board, officers other than the Treasurer may not sign financial documents.

Section 10.03 Emergency Conditions: The President, Vice President and the Director of Operations, by majority of the three, may make expenditures in emergency situations to ensure the proper operation of the corporation in circumstances where the Treasurer may not be reached. These expenditures should be disclosed to the board of directors within forty-eight (48) hours.

Section 10.04 Records and Audits: The Board of Directors shall keep detailed records of all actions of the Board including financial records and books of account of the corporation, as well as, chronological listing of receipts and expenditures.

Section 10.05 Annual Report: Promptly following the end of each fiscal year, a full and correct statement of the financial affairs of the corporation, including a balance sheet and a financial statement of operation for the preceding fiscal year shall be prepared and signed by a public or certified public accountant to the effect that the financial statement presents fairly the financial position of the corporation and the results of its operations in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding period. Taking into consideration the cost of an audit vs. that of a review, the complexity and volume of the corporation's financial affairs, and such other factors the Board of Directors deems relevant; the Board of Directors, by majority vote, shall determine each year whether such statement shall be in the form of an audit or review. This statement must be in the form of an audit at least once every three (3) years.

Article XII. CORPORATE SEAL

Section 12.01 The seal of the corporation shall be circular in form and shall bear the name of the corporation, the year it was incepted, and the words "corporate seal" upon it. The seal will be used to validate official documents of the corporation as required by law. The Secretary will hold in their possession the seal of the corporation in a place designated by the Board of Directors.



Lancaster Volunteer Ambulance Corps, Inc.
40 Embry Place
Lancaster, NY 14086
(716) 683-3282

Quality Assurance Policy

- I. **Definition:** Quality Assurance in the maintenance, measurement and management tool used to ensure the desired level of quality in the service rendered.
- II. **Purpose:** Lancaster Volunteer Ambulance Corp (LVAC) will comply with New York State Department of Health Bureau of EMS policies in regards to Quality Assurance. LVAC will review and provide quality assurance to a minimum of 10% of annual calls taken. The 10% will be chosen at random. In addition to the 10%, all cardiac arrest and narcotic usages will be reviewed. The electronic patient care (EPCR) reports shall be reviewed each month by the agencies designated officers. The EPCR's will be reviewed for the following:
 - a. Local and State protocol adherence.
 - b. Overall Documentation
 - c. Clinical Care provided to the patient
 - d. Proper Medical Control Notified (When Needed)
- III. **Education:** When reviewing the EPCRs any documentation or clinical errors are subject to quality assurance flags, one on one employee education and/or medical director review. The level of education will be at the discretion of the agency's quality assurance coordinator.
 - a. Quality Assurance Flags will be issued electronical through the EPCR program. The lead provider is responsible to address the flag to the best of their ability. The flag is to be



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addressed by the end of the lead providers next shift. The flag may require an addendum to the original EPCR or discussion with the reviewing officer.

- b. One on One employee education will be handled by the agency's primary quality assurance coordinator. This session will be used to highlight the issue at hand and provide any additional education that may apply.
- c. Medical Director Review is for severe grievances with protocol adherence, clinical care and/or documentation. Forwarding an EPCR to the medical director is at the discretion of the agency's quality assurance coordinator. Any employee education and/or discipline required will be at the discretion of the agencies medical director.

Agency Code Number: 1484

Issued: 5/19/2017

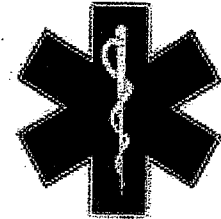
Expires: 6/30/2019

NEW YORK STATE DEPARTMENT OF HEALTH
Ambulance Service Certificate

Lancaster Volunteer Ambulance Corps, Inc.



*is hereby certified as a New York State ambulance service in
accordance with the provisions of Article 30 of the
Public Health Law*



PRIMARY TERRITORY: Entire Town of Lancaster, including that portion of Village of Depew within the Town of Cheektowaga.

Emergency Medical Services Program

Commissioner of Health

This certificate may be revoked, suspended, limited or annulled for violation of the Public Health Law

THIS CERTIFICATE IS NOT TRANSFERABLE

Keep conspicuously posted

Affirmation of Compliance

Affirmation of compliance for New Vehicles or Agency Recertification

Please note that a Notary Public MUST complete section at bottom of page.

Check one



Ambulance Service



ALS First Response Service

Current Operating Certificate Expiration Date

6/30/2019

Name of Service

Lancaster Volunteer Ambulance Corps

Address

40 Embury Place

City

Lancaster

NYS EMS Agency Code

1484

State

NY

Zip

14086

Contact Person

Chester Popielkowski

E-mail

chesterjpop@yahoo.com

Work Phone Number

(716) 683-3282

Additional Phone Number

(716) 341-5372

By completing and signing this affirmation, I certify that the vehicles listed are in compliance with all requirements of the State EMS Code, Part 800.

The records and documentation of the agency have also been reviewed for compliance with all applicable requirements.

The ambulance vehicles listed are registered with the NYS Department of Motor vehicle (DMV) and the appropriate DMV inspection has been conducted. Those vehicles which are not ambulances have appropriate DMV registration, DMV inspection, and/or any safety inspection as required by the NYS Department of Transportation, The United States Coast Guard, or the Federal Aviation Administration.

I understand that under the authority of the Public Health law any deficiencies that result in violations being issued are subject to the penalties of the Public Health Law, including fines, suspension, revocation or annulment of the operating certificate.

Name

Michelle Williams

Signature

M Williams

Title

Director of Operations

Date

10/16/2018

Note: Notary Public Must Complete

Affirmation and Acknowledgement

David B. Garwood

DAVID B. GARWOOD
Notary Public, State of New York
No. 02GA6288504
Qualified in Onondaga County
Commission Expires September 9, 2021

FOR OFFICE USE ONLY

of stickers sent

to

Date

Rep

List all vehicles for agency recertification or only the new vehicle(s) to be added

Note: if vehicle(s) is new to fleet, please indicate if you need new certification logos for the sides and rear of the vehicle.

☐ Yes, # of stickers _____ ☐ No

Vehicle Information

Provide the following information for all EMS vehicles to be certified by this affirmation. A computer listing containing the required information is acceptable.

[illegible]

* All ambulance vehicles are required by New York State Motor Vehicle and Traffic Law to possess a valid motor vehicle registration. If the vehicle(s) listed are not registered with NYS DMV, you must provide the statutory exemption.

** Such as: **AMBULANCES** – Type I, Type II, Type III, Helicopter Boat, Fixed Wing Aircraft
EMERGENCY AMBULANCE SERVICE Vehicle (EASV) – agency fire car, van, truck; or personal car, van, truck
ALS FIRST RESPONSE VEHICLE (ALSFR) – agency fire apparatus, car, van, truck; or personal car, van, truck

NEW YORK STATE DEPARTMENT OF HEALTH
CONTROLLED SUBSTANCE LICENSE



LEGAL NAME OR OPERATOR

DOING BUSINESS AS (DBA)

LANCASTER VOLUNTEER
AMBULANCE CORPS

LANCASTER VOLUNTEER AMBULANCE
CORPS
40 EMBRY PLACE
LANCASTER NY 14086

CLASS 3C
INSTITUTIONAL DISPENSER
LIMITED (EMS)
SCHEDULE:
II, III, IV

HAS GIVEN SATISFACTORY EVIDENCE THAT ALL QUALIFICATIONS AS REQUIRED BY ARTICLE 33 OF THE PUBLIC HEALTH
LAW AND PART 80 OF THE ADMINISTRATIVE RULES AND REGULATIONS HAVE BEEN MET AND IS HEREBY GRANTED A
LICENSE TO ENGAGE IN CONTROLLED SUBSTANCE ACTIVITY IN THE STATE OF NEW YORK IN THE CLASSIFICATION
STATED ABOVE

LICENSE #: 03C0078
EFFECTIVE JUL 1, 2017
EXPIRES JUN 30, 2019

Howard Zucker M.D.
HOWARD ZUCKER M.D., J.D.
COMMISSIONER OF HEALTH

TO BE PERMANENTLY DISPLAYED AT THE LICENSED SITE

Mutual Aid Agreement

This Agreement is made and entered into this 31st day of March, 2011, by and between, Lancaster Volunteer Ambulance Corps, a corporation with its principal address at 40 Embury Place, Lancaster, NY ("LVAC") and Twin City Ambulance, Inc., a corporation with its principal address at 365 Fillmore Ave, Tonawanda, NY ("TCA").

RECITALS:

- A. LVAC is an ambulance company which operates in the Town and Village of Lancaster and the Village of Depew in Erie County in the State of New York.
- B. TCA is an ambulance company which operates in Erie and Niagara Counties in the State of New York.
- C. LVAC and TCA each have the staff and resources necessary to provide ambulance service to their respective service areas.
- D. LVAC and TCA acknowledge that the possibility exists that a mass casualty incident ("MCI"), or similar one-time event, has the potential to exceed the available resources of either company.
- E. LVAC and TCA further acknowledge that surges in day-to-day call volume may result in a temporary depletion of either company's available resources.
- F. A request for assistance by either LVAC or TCA which results from the conditions set forth in recitals D or E, above, shall be considered a request for Mutual Aid.

Now, therefore, in consideration of the foregoing recitals and the mutual covenants and promises below, the parties agree as follows:

- LVAC and TCA desire to partner with each other for the purposes of Mutual Aid.
- A request for Mutual Aid will be made by either LVAC dispatch personnel or TCA dispatch personnel.
- The company that requests Mutual Aid shall determine and communicate to the company requested to provide Mutual Aid the following information:

- The number and type of resources required;
 - The mode of response required;
 - The location of the call;
 - The nature of the call; and
 - All other information gathered by the requesting party which is relevant to the response.
- The company requested to provide Mutual Aid shall be solely responsible for determining whether it is able to respond to the request. If the company requested to provide Mutual Aid is unable to respond to the request, it shall immediately inform the company that requested Mutual Aid of its inability to respond.

If the company requested to provide Mutual Aid is able to respond, it shall communicate to the company that requested Mutual Aid the following information:

- The unit number of the responding vehicle(s);
 - The location(s) of the responding vehicle(s);
 - The level of care of the responding vehicle(s); and
 - The estimated time of arrival of the responding vehicle(s).
- Although each company agrees to use its best efforts to respond to requests for Mutual Aid from the other company, nothing herein shall be interpreted as imposing any duty or obligation to respond to any request for Mutual Aid. The determination to respond to a request for Mutual Aid shall be made solely by the company requested to provide Mutual Aid, and shall be based upon that company's evaluation of the circumstances, its available resources and any other relevant factors at the time the request is received. Neither company is in any way liable to the other, nor to any other person, firm, or corporation for providing or failing to provide the requested Mutual Aid.
 - No charges may be made or levied upon either company. Each company will bill for services it renders in accordance with its billing procedures.
 - Resources shall return to their respective service areas as quickly as circumstances allow.
 - This Mutual Aid Agreement is valid for one (1) year from the effective date written above. Thereafter, this Mutual Aid Agreement shall automatically renew for periods of one (1) year unless either party provides the other party with thirty (30) days advance written notice of its intent to not renew the Agreement.

MUTUAL AID AGREEMENT

This Agreement is made and entered into this 16th day of March, 2005, by and between, **Town's Ambulance Service, Inc., d.b.a Rural/Metro Medical Services** ("Rural/Metro") and **Lancaster Volunteer Ambulance Corps, Inc.** (LVAC effective March 16, 2005).

RECITALS:

- A. LVAC desires to obtain a commercial mutual aid paramedic intercept and ambulance service for the patients that LVAC serves in the Town of Lancaster, New York and the Village of Depew, New York.
- B. Rural/Metro desires to provide such service and has the necessary equipment, training, expertise, professional certifications and licenses.

Now, therefore, in consideration of the foregoing recitals, mutual covenants and promises, and provisions set forth herein and for good and valuable consideration, the recital and sufficiency of which is hereby acknowledged, the parties agree as follows:

ARTICLE I RESPONSIBILITIES OF RURAL/METRO

- 1.1 **Provision of Services:** Rural/Metro agrees to provide LVAC with Paramedic intercept and ambulance service pursuant to the terms and conditions set forth in this Agreement. Rural/Metro shall provide ambulances to service the backup needs of the LVAC on a 24 hours a day basis as they are available.
- 1.2 **Timeliness of Services:** Rural/Metro shall respond to all requests for service received from LVAC or their dispatch service in the most expedient and safe manner.
- 1.3 **Confidentiality:** Rural/Metro shall maintain confidentiality of client information acquired in the course of providing services, and shall not release such information without prior written authorization from the President or Director of Operations of LVAC or otherwise in accordance with any applicable laws, rule or HIPPA regulation.
- 1.4 **Certifications and Licenses:** Rural/Metro shall maintain all certifications and licenses as required by the State and Local agencies governing vehicle operations.
- 1.5 **Client Notification:** Rural/Metro shall keep LVAC informed of its policies, procedures and activities relevant to Rural/Metro's obligations under this agreement, and shall meet with representatives of LVAC on a quarterly basis to review procedures, policies and quality of services.

MUTUAL AID AGREEMENT

This Agreement is made and entered into this 1st day of August, 2004, by and between, **Town's Ambulance Service, Inc., d.b.a Rural/Metro Medical Services** ("Rural/Metro") and **Lancaster Volunteer Ambulance Corps, Inc.** (LVAC effective September 1st 2004).

RECITALS:

- A. LVAC desires to obtain a commercial mutual aid paramedic intercept and ambulance service for the patients that LVAC serves in the Town of Lancaster, New York and the Village of Depew, New York.
- B. Rural/Metro desires to provide such service and has the necessary equipment, training, expertise, professional certifications and licenses.

Now, therefore, in consideration of the foregoing recitals, mutual covenants and promises, and provisions set forth herein and for good and valuable consideration, the recital and sufficiency of which is hereby acknowledged, the parties agree as follows:

ARTICLE I RESPONSIBILITIES OF RURAL/METRO

- 1.1 **Provision of Services:** Rural/Metro agrees to provide LVAC with Paramedic intercept and ambulance service pursuant to the terms and conditions set forth in this Agreement. Rural/Metro shall provide ambulances to service the backup needs of the LVAC on a 24 hours a day basis as they are available.
- 1.2 **Timeliness of Services:** Rural/Metro shall respond to all requests for service received from LVAC or their dispatch service in the most expedient and safe manner.
- 1.3 **Confidentiality:** Rural/Metro shall maintain confidentiality of client information acquired in the course of providing services, and shall not release such information without prior written authorization from the President or Director of Operations of LVAC or otherwise in accordance with any applicable laws, rule or HIPPA regulation.
- 1.4 **Certifications and Licenses:** Rural/Metro shall maintain all certifications and licenses as required by the State and Local agencies governing vehicle operations.
- 1.5 **Client Notification:** Rural/Metro shall keep LVAC informed of its policies, procedures and activities relevant to Rural/Metro's obligations under this agreement, and shall meet with representatives of LVAC on a quarterly basis to review procedures, policies and quality of services.

- 1.6 **Insurance:** Rural/Metro shall maintain, at its own expense, professional liability insurance in the amounts equal to or at least \$1,000,000 for each claim and \$3,000,000 annual in the aggregate. Rural/Metro shall maintain, at its own expense comprehensive general liability insurance in the amounts equal to or at least \$1,000,000 for each claim and \$3,000,000 annual in the aggregate. Rural/Metro agrees to furnish LVAC with satisfactory evidence of such insurance each year. Rural/Metro shall immediately advise LVAC of any termination of such insurance or any reduction in the amount of such insurance.
- 1.7 **Billing:** Rural/Metro shall bill Medicare, Medicaid, third party payors, and/or the patient for payment of its full general public rates and charges for ambulance transports and paramedic intercepts. LVAC is not a guarantor of payment.
- 1.8 **Availability of Records:** Rural/Metro shall make any and all records related to this agreement available for inspection and/or audit upon request by LVAC.
- 1.9 **Documentation Records:** Rural/Metro shall retain for a period of four (4) years after the furnishing of services as described in this agreement, this agreement together with books, documents and records necessary to certify the nature, extent and cost of provided services. Upon request, Rural/Metro shall disclose materials to authorized governmental agencies or any of their duly authorized representatives.
- 1.10 **Patient's Right for Service:** Rural/Metro will not discriminate in the provision covered medical services hereunder, whether on the basis of a person's age, sex, marital status, sexual orientation, race, color, religion, ancestry, national origin, disability handicap, health status, or other unlawful basis including, without limitation, the filing by a person of any complaint, grievance or legal action against LVAC, Rural/Metro or a payor.
- 1.11 **Communications:** Rural/Metro will, at its sole expense, install and maintain a dedicated LVAC radio, which shall be set at 155.3052 MHz within the Rural/Metro Communications Center. The following will be designated Dispatch Centers:
- | | |
|-----------------------|----------------------|
| LVAC, 40 Embury Place | LVAC Base |
| Lancaster Police | Lancaster Dispatch |
| Rural/Metro | Rural/Metro Dispatch |
- 1.12 **Reports:** Rural/Metro shall provide LVAC on a quarterly basis, a report consisting of the following information: date of call, location of call, time call received and time on scene for all calls taken for LVAC. All information must comply with HIPAA regulations.

ARTICLE II

LVAC RESPONSIBILITIES

- 2.1 **Agreement to meet:** LVAC agrees to meet with the representatives of Rural/Metro on a quarterly basis, or as needed at a mutually acceptable time, to review policies, procedures and quality issues.
- 2.2 **Dispatching:** The LVAC members will be paged as per the LVAC Dispatch Procedure. If LVAC and/or its dispatch service shall be unable to obtain a full crew within the Dispatch Procedure of the LVAC, not to exceed 120 seconds from the initial request, Rural/Metro may be dispatched to the scene with the approval of the Fire, Police or EMS Officer in Charge (OIC). Rural/Metro shall only be cancelled while enroute to a scene when an available responding LVAC ambulance, flycar or member, as the case may be has a shorter ETA. Rural/Metro will give the requesting service an ETA and the location from where the Rural/Metro unit is responding from at the time of request.
- 2.3 **Intercept:** In the event that LVAC is able to provide an ambulance crew but unable to provide a paramedic for paramedic nature calls, the LVAC Base or Lancaster Dispatch, with approval from the OIC from Fire, Police or EMS, may dispatch Rural/Metro for paramedic intercept services.

ARTICLE III

TERM AND TERMINATION

- 3.1 **Term:** The term of this agreement shall commence on the effective date and shall be for three (3) years, unless cancelled at anytime, in writing, by either party giving the other party thirty (30) days advance written notice prior to its cancellation.

ARTICLE IV

OTHER PROVISIONS

- 4.1 **Compliance with applicable Laws, Rules, and Regulations:** All services furnished by Rural/Metro shall be rendered in full compliance with all Federal, State and local laws, rules, and regulations. It shall be Rural/Metro's sole responsibility to determine which laws, rules, and regulations apply to the services rendered under this agreement, and to maintain compliance at all times.
- 4.2 **Third Party Billing Information:** LVAC and Rural/Metro will use their best efforts to assist each other in obtaining patient and/or third party billing information. Each party shall cooperate with the other party in providing this information.

4.3 **Indemnification by Rural/Metro:** Rural/Metro hereby agrees to indemnify and hold harmless, Town of Lancaster, Village of Lancaster, Village of Depew and LVAC and its officers, directors and members for, from and against all damages, losses, liabilities (absolute and contingent), fines, penalties, costs and expenses (including, without limitation, reasonable attorney fees, costs or expenses incurred in the investigation, defense or settlement of any claim covered by this indemnity) with respect to or arising out of any demand, claim, investigation or action of any kind or nature resulting from personal injury to any person (including death), or the damage of any property, arising or alleged to have arisen out of any of Rural/Metro's negligent acts or omissions related to the performance of the agreement.

4.4 **Indemnification by LVAC:** LVAC hereby agrees to indemnify and hold harmless, Rural/Metro, its parent and affiliated companies and its and their officers, directors and shareholders and employees for, from and against all damages, losses, liabilities (absolute and contingent), fines, penalties, costs and expenses (including, without limitation, reasonable attorney fees, costs or expenses incurred in the investigation, defense or settlement of any claim covered by this indemnity) with respect to or arising out of any demand, claim, investigation or action of any kind or nature resulting from personal injury to any person (including death), or the damage of any property, arising or alleged to have arisen out of any negligent act or omission of LVAC, its officers, directors, employees or agents related to the performance of this agreement.

ARTICLE V **MISCELLANEOUS PROVISIONS**

5.1 **Independent Contractor:** It is understood and agreed that the personnel of Rural/Metro and LVAC shall not be considered agents or employees of the other and shall not be under the supervision, management, direction or control of the other in the performance of their duties, except as may be required by New York State Department of Health service rules and regulations if applicable. The employees of each party are not entitled to any of the benefits that the other party provides for its employees.

5.2 **Governing Law:** This agreement shall be subject to and governed according to the laws of the State of New York, irrespective of the fact that either party is or may become a resident of another State.

5.3 **Binding Effect:** This agreement shall be binding upon and shall insure to the benefit of the parties hereto, their respective successors, assigns or other legal representatives.

5.4 **Assignment:** No right or obligation hereunder may in any way whatsoever be assigned or delegated to a third party without the express prior written consent of the other party hereto, and any attempted assignment without such consent shall be considered null and void. Notwithstanding the above, this agreement, or any of the services required herein, may be assigned, or subcontracted to any of Rural/Metro's affiliates.

5.5 **Severability:** If any portion or portions of this agreement shall be for any reason invalid or unenforceable, the remaining portion(s) shall be valid and enforceable and carried to effect unless to do so would clearly violate the present legal and valid intention of the parties hereto.

5.6 **Notices:** Any notice required or permitted to be given pursuant to any provisions of this agreement shall be given in writing, and either delivered in person, deposited in the United States Mail, postage prepaid, registered or certified mail, return receipt requested, properly addressed, or by a nationally recognized overnight courier service, to the following addresses:

Rural/Metro Medical Services
481 William L. Gaiter Parkway
Buffalo, NY 14215
Attn: General Manager

Lancaster Vol. Ambulance Corps. Inc
PO Box 164
Lancaster, NY 14086
Attn: President

Either party can change the notification addresses listed above with proper notice as listed above.

5.7 **Entire Agreement:** This agreement constitutes the entire agreement and understanding between the parties with respect to the subject matter hereof and supercedes any previous agreement or understanding, whether oral or otherwise. No modification of this agreement shall be valid unless in writing and signed by each of the parties hereto.

5.8 **Counterparts:** This agreement shall be executed in several counterparts, each of which shall be an original, but all of which shall constitute one and the same instrument.

5.9 **Transport Rights:** Any transport within the Town of Lancaster, Village of Lancaster, and Village of Depew, the LVAC shall have exclusive transport rights and Rural/Metro may only transport if no LVAC units are available after the LVAC Dispatch Criteria has been followed. This section will not pertain to a request from a patient or entity for a specific ambulance service.

5.10 **Radio Frequency Restriction:** LVAC may restrict the use of radio frequencies 155.3025 MHz, PL tone 152 and 155.160 MHz, PL tone 71.9 at any time for the sole use by the LVAC. The LVAC shall have priority use of these radio frequencies for all radio transmissions.

5.11 **Reciprocity:** LVAC also agrees to provide mutual aid to Rural/Metro areas of operation at Rural/Metro's request based on LVAC's availability. Availability is based solely at the discretion of LVAC.

5.12 **Radio Terminology:** The following terminology will be used all Dispatch Centers:

Request for and ambulance: Means that Rural/Metro will send an ambulance to transport a patient to the hospital.

Request for and ALS intercept: Means that Rural/Metro will send an ALS unit (either a flycar or ambulance) to assist an LVAC unit with no transport by Rural/Metro.

In Witness whereof, the parties hereto have caused this agreement to be executed by their authorized representatives on the day and year first above written.

Rural/Metro Medical Services
Rob Zachrich
General Manager

Lancaster Volunteer Ambulance Corps, Inc.
Gregory Jankiewicz
President

Notary Public

Sworn to me this _____ day of
_____ 2005

Notary Public

Sworn to me this _____ day of
_____ 2005

Notary Public

Notary Public

Stamp

Stamp