

101 State Street
PO Box 172
Ogdensburg, New York 13669
Phone: (315) 393-0837
Fax: (315) 394-0958
Email: director@ogdensburgrescue.org

2012

Membership Application Packet

Ogdensburg Volunteer Rescue Squad, Inc.

Volunteers Serving the Community Since 1961

101 State Street
PO Box 172
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Dear Applicant:

Thank you for your interest in the Ogdensburg Volunteer Rescue Squad, Inc. (OVRs) We are a combination volunteer and paid organization that provides EMS, Extrication and Water Rescue services to the City of Ogdensburg and parts of surrounding St. Lawrence County.

In 2005, OVRs responded to over 2,171 calls for assistance. In order to cover these calls, we rely on a staff of dedicated volunteers who are willing to devote many hours per month to our squad. In order to become a permanent member of OVRs, it will take several months. After acceptance of your application, you will become a probationary member. This probationary membership will last for at least six months. During this time period, members must become trained in CPR and First Aid. Additionally, we recommend that each new member, not currently an EMT, either be in an EMT class or enroll in an EMT class within their probationary period.

We recommend that as part of your consideration of OVRs you include a visit to our building and a ride along. We encourage you to meet our members, look at our medical and rescue equipment and explore our fleet and facilities. You can learn about the history and present operations of OVRs at www.ogdensburgrescue.org.

If you wish to mail in your application, please address it "Attn: Director of Operations" or drop it off at our building. Once your application is reviewed and a favorable driver's license check is received, you will be requested to attend an interview with several members of OVRs. They will then make a recommendation to the Board of Director's to accept or decline your membership at their next regular meeting. You will be notified by mail of their decision.

Volunteering as an EMT or Paramedic with OVRs is probably very different from any volunteering you have ever done. Volunteering as a patient care provider takes a significant amount of time and dedication, and can involve significant emotional stress. We urge you to consider your application very carefully.

Please do not hesitate to call or email me, if I can be of any assistance to you with your application. Thank you for your interest in OVRs and we look forward to receiving your application.

Sincerely,

Kenneth Gardner

Director of Operations

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Application Information and Checklist

Applicant's to OVRS Must

- ✓ Be at least 18 years of age
- ✓ Possess a valid driver's license
- ✓ Submit a fully completed and signed application including all supporting materials listed below.
- ✓ Sign the volunteer service commitment
- ✓ Instruct your references to complete and return the reference form directly to us.
- ✓ Provide a current copy of your immunization record. The forms are attached.
- ✓ Provide a photocopy of your driver's license, CPR card, EMT certification and any other current EMS/Fire or Rescue certifications you possess.
- ✓ Complete and pass a physical exam on a form provided by OVRS upon acceptance of membership. This must be done prior to being assigned to any duties.
- ✓ Able to perform the duties of a Basic Emergency Medical Technician as outlined in the NYS Functional Position Description. Description is attached.
- ✓ If not certified as an EMT, must be able to perform that duties listed in the NYS Functional Position Description with the exception of medical skills.
- ✓ If not certified as an EMT, it is recommended that you attend the first available EMT course after acceptance to probationary membership.
- ✓ Pass a drug test paid for by the Ogdensburg Volunteer Rescue Squad

Job Description - Emergency Medical Technician - Basic Responsibilities:

Emergency Medical Technicians-Basic (EMT-B) respond to emergency calls to provide efficient and immediate care to the critically ill and injured, and to transport the patient to a medical facility. After receiving the call from the dispatcher, the EMT-B drives the ambulance to address or location given, using the most expeditious route, depending on traffic and weather conditions. The EMT-B must observe traffic ordinances and regulations concerning emergency vehicle operation.

The EMT-B:

- functions in uncommon situations;
- has a basic understanding of stress response and methods to ensure personal well-being;
- has an understanding of body substance isolation;
- understands basic medical-legal principles;
- functions within the scope of care as defined by state, regional and local regulatory agencies;
- complies with regulations on the handling of the deceased, notifies authorities and arranges for protection of property and evidence at the scene.

Upon arrival at the scene of crash or illness, the EMT-B parks the ambulance in a safe location to avoid additional injury. Prior to initiating patient care, the EMT-B will also "size-up" the scene to determine: that the scene is safe; the mechanism of injury or nature of illness; the total number of patients; and to request additional help, if necessary. In the absence of law enforcement, the EMT-B creates a safe traffic environment, such as the placement of road flares, removal of debris and redirection of traffic for the protection of the injured and those assisting in the care of injured patients. The EMT-B determines the nature and extent of illness or injury and establishes priority for required emergency care. The EMT-B renders emergency medical and or trauma care, to adults, children and infants based on assessment findings. Duties include but are not limited to:

- opening and maintaining an airway;
- ventilating patients;
- administering cardiopulmonary resuscitation, including use of automated external defibrillators;
- providing prehospital emergency medical care of simple and multiple system trauma such as:
 - controlling hemorrhage,
 - treatment of shock (hypoperfusion),
 - bandaging wounds,
 - immobilization of painful, swollen, or deformed extremities,
 - immobilization of painful, swollen, or deformed neck or spine;
- providing emergency medical care to:
 - assist in emergency childbirth,
 - manage general medical complaints of altered mental status, respiratory, cardiac, diabetic, allergic reaction, seizures, poisoning behavioral emergencies, environmental emergencies, and psychological crises. Additional care is provided based upon assessment of the patient and obtaining historical information.
- searching for medical identification emblems as a guide to appropriate emergency medical care.
- assisting patients with prescribed medications, including sublingual nitroglycerin, epinephrine autoinjectors and hand-held aerosol inhalers.

- administration of oxygen, oral glucose and activated charcoal.
- reassuring patients and bystanders by working in a confident, efficient manner.
- avoiding mishandling and undue haste while working expeditiously to accomplish the task.

Where a patient must be extricated from entrapment, the EMT-B assesses the extent of injury and gives all possible emergency care and protection to the entrapped patient and uses the prescribed techniques and appliances for safely removing the patient. If needed, the EMT-B radios the dispatcher for additional help or special rescue and/or utility services. Provides simple rescue service if the ambulance has not been accompanied by a specialized unit. After extrication, provides additional care in triaging the injured in accordance with standard emergency procedures.

The EMT-B is responsible for:

- lifting the stretcher (be able to lift and carry 125 pounds),
- placing it in the ambulance and seeing that the patient and stretcher are secured
- continuing emergency medical care while enroute to the medical facility.

The EMT-B uses the knowledge of the condition of the patient and the extent of injuries and the relative locations and staffing of emergency hospital facilities to determine the most appropriate facility to which the patient will be transported, unless otherwise directed by medical direction. The EMT-B reports directly to the emergency department or communications center the nature and extent of injuries, the number being transported and the destination to assure prompt medical care on arrival. The EMT-B identifies assessment findings, which may require communications with medical control, for advise and for notification that special professional services and assistance be immediately available upon arrival at the medical facility.

The EMT-B:

- constantly assesses the patient enroute to the emergency facility, administers additional care as indicated or directed by medical control,
- assists in lifting and carrying the patient out of the ambulance and into the receiving medical facility
- reports verbally and in writing, their observation and emergency medical care of the patient at the emergency scene and in transit, to the receiving medical facility staff for purposes of records and diagnostics
- upon request provides assistance to the receiving medical facility staff.

After each call, the EMT-B:

- restocks and replaces used linens, blankets and other supplies,
- cleans all equipment following appropriate disinfecting procedures,
- makes careful check of all equipment so that the ambulance is ready for the next run
- maintains ambulance in efficient operating condition
- ensures that the ambulance is clean and washed and kept in a neat orderly condition
- in accordance with local, state or federal regulations, decontaminates the interior of the vehicle after transport of patient with contagious infection or hazardous materials exposure.

Additionally the EMT-B:

- determines that vehicle is in proper mechanical condition by checking items required by service management. Maintains familiarity with specialized equipment used by the service

- attends continuing education and refresher training programs as required by employers, medical control, licensing or certifying agencies.

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Active Membership Volunteer Service Commitment

I _____, on my honor, hereby commit to:

(Print Full Name Here)

- ✓ Provide volunteer service a minimum of two duty shifts, 16 hours if on day crew, per month on a crew assigned by OVRS. I will provide service including nights, weekends, holidays and summer vacation periods that the crew is responsible for providing coverage.
- ✓ Attend monthly business meetings and training sessions.
- ✓ Maintain CPR/First Aid or EMT certification.
- ✓ Comply with the by-laws of the corporation, squad policies and procedures and the direction of Officers.
- ✓ Maintain patient confidentiality.

I understand membership in the Ogdensburg Volunteer Rescue Squad is at will and may be terminated at any time, with or without cause, by the Board of Directors.

Signature of Applicant

Is so, please list agency name(s), locations(s) and date(s) of application or membership _____

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EDUCATIONAL DATA

High School Years completed (Circle One) 1 2 3 4 Diploma ___ Yes ___ No GED ___ Yes ___ No

School _____ City/State _____

University/Vocational School Years Completed (Circle One) 1 2 3 4 Degree(s) earned _____

School _____ City/State _____ Major _____

Other Training or Degrees

School _____ City/State _____ Major _____

Course(s) _____

EMPLOYMENT INFORMATION *(List last employer first)*

Dates of Employment - From _____ To _____ Position _____

Employer _____

Address _____ Phone # _____

Supervisor _____

Dates of Employment - From _____ To _____ Position _____

Employer _____

Address _____ Phone # _____

Supervisor _____

Have you ever been discharged from a job, including a volunteer EMS, Fire or Rescue agency, or asked to resign to avoid termination? ___ Yes ___ No

If yes, please explain _____

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RECORD OF CONVICTION

- Have you ever been convicted of a crime other than a minor traffic offense? ___ Yes ___ No
- Have you ever been convicted of a moving violation? ___ Yes ___ No
- Have you ever been involved in a motor vehicle accident? ___ Yes ___ No
- Have you ever had your license suspended or revoked? ___ Yes ___ No
- Have you ever had any restrictions on your driver's license? ___ Yes ___ No

If you answered yes to any of the questions above, explain fully including date, location and disposition of the case. **A New York State Department of Motor Vehicle check will be completed on you license.**

A conviction will not necessarily automatically disqualify you for membership. Rather, factors such as age, seriousness, nature of the crime and rehabilitation will be considered.

Driver's License Identification Number - ___ - ___ - ___



Please explain why you would like to join the Ogdensburg Volunteer Rescue Squad, Inc.

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REFERENCES

Please list those to whom you have given reference forms. Please do not include more than one reference from an OVRS member or from persons that you have known for less than one year.

Name _____ Phone # _____

Address _____
Street Number City State Zip

Name _____ Phone # _____

Address _____
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APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I authorize the Ogdensburg Volunteer Rescue Squad, Inc., and its Officers to verify their accuracy and to obtain reference information by contacting educational institutions, references or employers and past employers, and current of former EMS, Fire and Rescue agencies, and to rely on and use such information as they see fit. I hereby release the Ogdensburg Volunteer Rescue Squad, Inc., its Officers, Directors and assigns from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having a membership decision based on such information. This application and all information obtained is the property of the Ogdensburg Volunteer Rescue Squad, Inc.

I understand that, if granted membership, falsified statements of any kind or omissions of facts called for on this application, regardless of the time of discovery, shall be considered sufficient basis for dismissal.

I understand that should and offer of membership be extended to me and accepted that I will fully adhere to the policies, rules and regulations of OVRS. I further understand, however, that **neither policies, rules, regulations of membership nor anything said during the application and interview process shall be deemed to constitute the terms of an implied contract for continued membership. I understand that any membership is for an indefinite duration and is at will and that either I or OVRS may terminate my membership at any time with or without cause.**

I understand that if I am offered membership, membership is conditioned upon my providing such other and further information as may be required by OVRS.

Printed Name of Applicant _____

Signature of Applicant _____

Date _____

OFFICIAL USE ONLY

Application complete ___ Yes ___ No References received ___ Yes ___ No
Interview complete ___ Yes ___ No Investigation Committee Recommendation _____

Accepted to Probationary Membership ___ Yes ___ No Date _____
Accepted to Permanent Membership ___ Yes ___ No Date _____

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APPLICATION REFERENCE FOR _____

(1/3)

Print applicants full name

INTRODUCTION The above named applicant has applied to volunteer with the Ogdensburg Volunteer Rescue Squad, Inc. (OVRS). OVRS provides emergency medical services, patient transportation and specialized rescue services to the City of Ogdensburg and the surrounding portions of St. Lawrence County. Members must be of impeccable moral character, reliable, trustworthy and able to function as part of a team. The must be able to work within the command structure of the organization under stressful and sometimes hazardous conditions.

YOU ARE NOT REQUIRED TO BE A REFERENCE If you choose to act as a reference, the information you provide may be relied upon by OVRS, its Officers and its Board of Director's in making a determination on the prospective member's application. Your full and candid response is appreciated. **This form should be returned directly to OVRS in a stamped envelope provided by the applicant.**

TO THE APPLICANT Please complete Part I of this form and then give it to someone who knows you well and can provide an accurate and full account of your abilities, accomplishments and personal qualities. Please provide the recommender with this form and a stamped envelope addresses to Director of Operations, Ogdensburg Volunteer Rescue Squad, Inc., PO Box 172, Ogdensburg, NY 13669.

PART I (to be completed by the applicant)

Name _____
Last First Middle

Permanent Address _____
Number and Street

 City State Zip

I hereby authorize the below reference to provide the requested background and personal information to the Ogdensburg Volunteer Rescue Squad, its Officers and its Board of Directors. I acknowledge that this completed reference is the property of the Ogdensburg Volunteer Rescue Squad, Inc. and I have no right to see the completed reference or any other part of my application.

 Applicant's Signature Date

PART II (to be completed by the reference)

Name _____
 Last First Middle

Permanent Address _____
 Number and Street

 City State Zip

How long and in what capacity have you known the applicant? _____

Please complete these ratings, bearing in mind that they are used to compare this applicant to other highly capable applicants.

Unable to judge		Below Average	Average	Good (Top 10%)	Outstanding (Top 3%)	One of the Best Encountered in My Career
	Integrity					
	Intellectual Curiosity					
	Motivation/Initiative					
	Self-Confidence					
	Community Respect					
	Warmth of Personality					
	Leadership					
	Reliability					
	Trustworthiness					
	Interpersonal Skills					
	Ability to Maintain Calm Under Stress					
	Reaction to Criticism					

Do you wish to elaborate on any of these ratings? _____

Please offer any additional comments concerning this applicant's ability, character and suitability for membership in the Ogdensburg Volunteer Rescue Squad, Inc. (For example, alcohol or drug concerns, physical and psychological stability concerns, incident of violence or aggression towards coworkers, supervisors, family, etc.) We will be pleased to receive an attached letter if you wish. We sincerely appreciate your assistance in our membership process. _____

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Immunization Record

Confidential

Name: _____

Immunization/Vaccine

Date of Administration

- Hepatitis B Vaccine

Antibody Titer

Result_____

- Measles, Mumps, Rubella

- TB test

Result_____

- Tetanus/Diphtheria _____
- Chicken Pox Vaccine _____
- Flu Vaccine _____