



# Cambridge Valley Rescue Squad, Inc.

37 Gilbert Street  
P.O. Box 52  
Cambridge New York 12816  
(518) 677-8211 voice & (518) 677-3878 fax  
www.cambridgeems.com

## MEMBERSHIP APPLICATION FORM

Name: \_\_\_\_\_ "Best" Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License (State & Number): \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

A previous felony or misdemeanor conviction may preclude certification as an Emergency Medical Technician – NYS DOH BEMS Policy Statement 09-05.

Have you been convicted of any traffic violations in the past 2 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Do you have any health problems or physical disabilities that *may* limit your participation?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

List any previous or current involvement with other emergency service organizations:

	<u>Department</u>	<u>Dates</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

List any medical or related training:

	<u>Course Name</u>	<u>Location</u>	<u>Date</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please list 3 personal or professional references, include their name, address and "best" telephone number (*only 1 CVRS member may be included, do not list any relatives*).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

CVRS member that referred you: \_\_\_\_\_

## **CVRS MISSION STATEMENT**

CVRS is committed to:

- Providing prompt and efficient pre-hospital care to the greater Cambridge community as it has since 1969;
- The members of the agency by providing any and all available resources to obtain the most effective level of prehospital care, and;
- Promoting public awareness as it relates to emergency services.

## **CONDUCT**

Please read the following passages from CVRS' By Laws and initial that you have read, understand and agree abide by their provisions:

***It is the responsibility of every member to be familiar with and abide by the current By-Laws and Standard Operating Procedures of the organization.***

**CONFIDENTIALITY:** The confidentiality of patient information is both a legal and ethical obligation of emergency medical service providers. HIPPA (Health Information Portability Protection Act) is designed to simplify the administration of the health insurance industry and by setting national standards for transfer of protected health information, confidentiality of protected information, and the management of health care financing.

INITIAL HERE: \_\_\_\_\_

**PROFESSIONALISM & JUDGMENT:** A Professional is defined as one who has the professional status, methods, character and standards. When reporting for duty, one should be of a frame of mind conducive to the job to be performed. While representing CVRS, it is incumbent upon you, the member, to meet everyone in a professional and dignified manner that will reflect well upon both yourself and CVRS.

All members will at all times use good judgment within the parameters of their training or generally accepted social, ethical and legal guidelines. The determination of Professional behavior and good judgment will be made by the Crew Chief on duty or any CVRS officer at any time.

When wearing the CVRS insignia off duty, members are expected to continue to act in a professional manner. By wearing the insignia, you are acting within the scope of a member of CVRS.

INITIAL HERE: \_\_\_\_\_

## **CVRS MINIMUM REQUIREMENTS AND EXPECTATIONS**

The following are the minimum requirements and expectations to be considered an “active” member:

- All approved applicants shall be placed on a six (6) month probationary period effective the date of acceptance. During the probationary period the member shall complete the CVRS Mentoring Program, complete minimum competency training courses, and attend a minimum of three (3) membership meetings.
- Required to be on duty a minimum of twenty-four (24) hours per month and is required to participate in the Saturday duty rotation (4:00 p.m. to 4:00 a.m., scheduled approximately every 18 to 20 weeks).
- Must attend a minimum of six (6) meetings per year and obtain a minimum of twelve (12) hours of training per year.
- Drivers must complete a driver training curriculum and be authorized by the Assistant Captain.
- Required to complete and maintain certifications in CPR and NIMS.

### **Affirmation**

In signing this application for membership, I agree to abide by the By-Laws and Standard Operating Procedures of the organization. I agree to return all equipment issued to me by CVRS upon termination of service. I further state that all information in this application is true to the best of my ability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**BOARD OF DIRECTORS USE ONLY**  
**Membership Application Form**  
**Reference Sheet**

**Applicant:** \_\_\_\_\_

**Reference 1:** \_\_\_\_\_

**Date / Time Contacted:** \_\_\_\_\_ **Contacted by:** \_\_\_\_\_

**Comments** (*reliability, professionalism, recommendation*):

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**Reference 2:** \_\_\_\_\_

**Date / Time Contacted:** \_\_\_\_\_ **Contacted by:** \_\_\_\_\_

**Comments** (*reliability, professionalism, recommendation*):

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**Reference 3:** \_\_\_\_\_

**Date / Time Contacted:** \_\_\_\_\_ **Contacted by:** \_\_\_\_\_

**Comments** (*reliability, professionalism, recommendation*):

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**BOARD OF DIRECTORS USE ONLY**

**Interview Agenda**

- Welcome and Introductions \_\_\_\_\_
- Opening Statement by Applicant \_\_\_\_\_
- Review of Mission Statement \_\_\_\_\_
- Brief Overview of EMS & CVRS \_\_\_\_\_
- CVRS Expectations
  - Probationary Period & Mentoring Program \_\_\_\_\_
  - Duty hours (24 hrs./month & Saturday rotation) \_\_\_\_\_
  - Meetings (6 / year) \_\_\_\_\_
  - Training (minimum & on-going) \_\_\_\_\_
  - Uniforms & Equipment \_\_\_\_\_
  - Confidentiality \_\_\_\_\_
  - Professionalism (including alcohol & tobacco) \_\_\_\_\_
- Questions from the Board \_\_\_\_\_
- Questions from the Applicant \_\_\_\_\_
- Review of approval process \_\_\_\_\_

Interview Date: \_\_\_\_\_ Acceptance Date: \_\_\_\_\_ Member Number: \_\_\_\_\_