



The Cambridge Valley Rescue Squad, Inc.

37 Gilbert Street, Cambridge NY 12816

(518)-677-8211

www.cambridgeems.com

Auxiliary Membership Application Form

Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Email: _____

Have you been involved with any other organizations? _____ Yes _____ No

If yes, please explain: _____

Please list 3 references and include their name, address, and phone number.

1. _____

2. _____

3. _____

CVRS AUXILIARY MISSION STATEMENT

CVRS Auxiliary Membership is committed to supporting the mission of the Cambridge Valley Rescue Squad by:

- Advocating health and wellness through education and public outreach programs.
- Conducting fundraising activities to supplement finances.
- Promoting a positive image of the rescue squad in the communities served.

CONDUCT

Please read the following passages from CVRS' By Laws and initial that you have read, understand, and agree to 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 Procedure of the organization.

CONFIDENTIALITY: The confidentiality of patient information is both 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 professional status, methods, character, and standards. When reporting for duty, one should be in 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 with the parameter of their training or generally accepted social, ethical, and legal guidelines. The determination of Professional behavior and good judgment will be made by the Auxiliary Chair or any CVRS officer at the time.

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

INITIAL HERE: _____

CVRS AUXILIARY MINIMUM REQUIREMENTS AND EXPECTATIONS

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

- Attend 6 meetings per year.
- Must sign a form of acknowledgement of Cambridge Valley Rescue Squad By-Laws and the Auxiliary Membership Standard Operating Procedure (SOP).
- Must receive Body Substance Isolation (BSI), Confidentiality, and Scene Operations training requirements within six months of membership.
- Must receive a minimum of 6 hours Auxiliary activity semi-annually. Must attend meetings and actively participate in Auxiliary activities; activity hours shall be awarded for any activity directly involving their membership or CVRS. Examples include, but are not limited to: meeting attendance, training, special details, fund-raising, assisting the CVRS Junior Squad.

Affirmation

In signing this application for auxiliary 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