

Why Volunteer?

Serve your community

We respond to a wide variety of calls for aid, and it is a rewarding way to contribute to your community when needed. Help us fill that need.

Learn new skills

EMS is a training intense vocation and you will learn skills with us that can be used anywhere. It equips you with an education for life.

Work with a great team

We work as a team with each member contributing at their level of comfort, training and certification. Whether you intend to be a junior member, a driver, an EMT or an advanced provider, we can always use more members to help.



Our Mission

CVRS is committed to

- providing **prompt and efficient pre-hospital emergency care** to the greater Cambridge community,
- **supporting the members** of the agency by providing any and all available resources to ensure the most effective level of pre-hospital care, and to
- **promoting public awareness** as it relates to emergency services.



The Cambridge Valley Rescue Squad, Inc.
37 Gilbert Street
Cambridge, NY 12816

Phone: 518-677-8211
Fax: 518-677-3878
E-mail: info@cambridgeems.com
www.cambridgeems.com



Volunteer Membership



(518) 677-8211
www.cambridgeems.com

What We Do

The Cambridge Valley Rescue Squad, Inc. (CVRS), provides emergency medical services (EMS) to the Cambridge community. We were founded in 1969 and operate as a charitable not-for-profit private ambulance service.

We receive calls for aid ranging from someone who needs help getting to their feet after a minor fall to someone who is acutely ill or injured and needs life-saving care and rapid transport to a hospital. We provide emergency medical services to patients whenever needed (24 hours x 365 days) and are dispatched via the 911 system.

Services are provided by a mix of paid staff and volunteer members. We maintain a fleet of three advanced life support (ALS) ambulances and are based out of our station in the Village of Cambridge.

We train often on a wide variety of topics and skills to maintain competency and certification.



Membership Application

use additional sheets if needed

NAME: _____

ADDRESS: _____

EMAIL: _____

DRIVER'S LICENSE: _____

Have you ever been convicted of a felony?
____No ____ Yes - If yes, please explain:

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

Do you have any health problems or physical disabilities that may limit your participation?
____No ____ Yes - If yes, please explain:

List any previous or current involvement with other emergency service organizations (include department and dates):

List any medical or related training: _____

Please list 3 personal or professional references (include name, address and "best" phone number. Do not list relatives. Only include one CVRS member if applicable.)

1. _____

2. _____

3. _____

CONDUCT - 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.

MINIMUM REQUIREMENTS & EXPECTATIONS: The following are the minimum requirements and expectations to be considered an "active" member:

- Six month probationary period. During the probationary period the member shall complete the CVRS Mentoring Program, complete minimum competency training courses, and attend a minimum of three membership meetings.
- Twenty-four hours of duty per month, generally in weekly six hour shifts.
- Attendance at a minimum of six meetings per year (or equivalent) and obtain a minimum of twelve hours of training per year.
- Drivers must complete a driver training curriculum and be authorized by the Assistant Captain.
- Complete and maintain certifications in CPR and NIMS.

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 to set national standards for transfer of protected health information, confidentiality of protected information, and the management of health care financing.

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.

AFFIRMATION: I understand and agree to the requirements above and will abide by the By-Laws and Standard Operating Procedures of the organization and agree to return all equipment issued to me by CVRS upon termination of service. I further affirm that all information contained in the application is true to the best of my knowledge.

SIGN _____ DATE: _____

Return completed application to: CVRS Membership Review Committee, 37 Gilbert St, Cambridge, NY 12816 or drop off at the station.