



## Potsdam Volunteer Rescue Squad, Inc.

Hope is on the Way.....

Dear Applicant,

Thank you for your interest in becoming a member of Potsdam Volunteer Rescue Squad (PVRS). Let me begin by explaining the requirements for applicants: You must be at least 18 years of age, possess an unrestricted driver's license valid in New York State, and be physically and mentally capable of performing the duties of a PVRS member. There are four **types of membership**:

1. **Regular Membership** requires that you be a permanent resident of our primary service area.
2. **Associate Membership** does not require that you have a permanent residence within our primary service area, but you must reside within our primary service area at least 50% of each year. Most of the students of local universities who are members of PVRS have this type of membership, which allows them flexibility to take a leave of absence when they are on vacation from school. Associate members are not permitted to vote on constitutional matters.
3. **Auxiliary Membership** may be obtained by those who are already members of other EMS agencies. They are not required to attend our meetings or be a member of a PVRS duty crew, but they must complete a 16-hour tour of duty each month. Auxiliary members are also not allowed to vote on constitutional matters.
4. **Non-Operational Members** do not answer ambulance calls but help with office work, care of the building and equipment, etc. They are not required to attend meets or trainings sessions.

The **responsibilities of memberships** include the following:

1. Regular and Associate members are assigned to a duty crew which is typically scheduled one night out of every six nights from 10 pm until 6 am the next day which time you are required to answer any calls received. The frequency of the duty crew may increase at certain times if the year, primarily at times when Associate members are on leave.
2. Regular and Associate members must attend membership meetings on the second Tuesday of every month at 7 pm at the Potsdam Station unless a valid excuse is submitted. Meeting typically last approximately two hours.
3. Members must either be an EMT or be enrolled in (and attending) an EMT class within one year after they have become a member.
4. Members are expected to help with facilities and equipment clean and well-maintained.

## Personal Information

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Legal Name: \_\_\_\_\_  
Last First MI Goes By: \_\_\_\_\_

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

School/ Local Address: \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone ( ) - \_\_\_\_ - \_\_\_\_ Cell Phone ( ) - \_\_\_\_ - \_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth (City & State) \_\_\_\_\_

Membership Type:

- Regular                       Auxiliary  
 Driver Only                       Non-Operational  
 Associate

## Educational & Employment History

Education

	Name	Location	Course of Study	Dates Attended	Dates of Degree / Diploma
High School				____/____/____ ____/____/____	Received ____/____/____ Expected ____/____/____
College				____/____/____ ____/____/____	Received ____/____/____ Expected ____/____/____
Graduate School				____/____/____ ____/____/____	Received ____/____/____ Expected ____/____/____
Other				____/____/____ ____/____/____	Received ____/____/____ Expected ____/____/____

## Employment

Place of Employment	Address	Dates of Employment	Supervisor Name Phone #	Duties
			____-____-____	
			____-____-____	
			____-____-____	

## Community Service Experience:

Please List any community service experience you have. (Position, Duties, Supervisor, Phone)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## References

Please give three or four personal references. Please do not include family members, significant other or member of Potsdam Rescue. (Current or Past) **Please note the references preferred method of contact. Mail or Email**

Name	Full address	Email Address	Phone Number	Relationship & Contact Method
			____-____-____	
			____-____-____	
			____-____-____	
			____-____-____	

## Criminal History

Have you ever been convicted of a crime?

Yes

No

If Yes, please explain the nature of the offence, date of conviction, the penalty imposed and if applicable date of release. \_\_\_\_\_  
\_\_\_\_\_

## Health Care / EMS Experience

Certifications:

CPR/AED

EMT / CFR

Firefighter

First Aid

(Level\_\_\_\_\_)

Other\_\_\_\_\_

Have you ever been an applicant, or member of any other EMS/Rescue/Fire/Police agency?

Yes

No

If yes, please state the agency name, location, and dates of application and or membership

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

## Statement of Release and Certification

I, \_\_\_\_\_, hereby make the application for membership in the Potsdam Volunteer Rescue Squad, Inc (PVRs). I understand that if accepted I will serve as a probationary member for a minimum time of three months without the right to franchise.

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 PVRs, Inc. and its officers to verify accuracy and obtain reference information by contacting educational institutions, references or employers, current and former EMS, Fire and Rescue agencies, law enforcement agencies and PVRs's insurance provider, and to rely on and use such information as they see fit.

I hereby release the PVRs Inc., its officers, and assigns from any and all liability of whatever kind and nation, which at any time, could result from obtaining and having a membership decision, based on such information

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

I understand that should offer of membership be extended to me and accepted that I will fully adhere to the policies, rules and regulations of PVRs Inc., including minimum service requirements. 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 implied contract for continued membership. I understand that any membership is for an indefinite duration and it is at will and that either I, or PVRs Inc. may terminate my membership at any time with or without cause.

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

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*PVRs Inc. does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, age, gender, marital status, disability, veteran status, or any other protected status.*

## Driver's License Investigation Form

Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's ID Number \_\_\_\_\_ State: \_\_\_\_\_

SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

I, \_\_\_\_\_, understand that the following form will be submitted to a drivers license review for the purpose of determining eligibility for membership and future operation of Potsdam Rescue Squad, Inc. owned / operated vehicles and equipment. By submission of this form with my duly endorsed signature I hereby authorize the investigation of my current and past driving record and license.

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Functional Position Description**  
**Emergency Medical Technician - Basic (EMT-B)**  
**Advanced Emergency Medical Technician (AEMT)**

**Purpose:**

Provide a guide for those who are interested in understanding what qualifications, competencies and tasks are expected of the EMT-B and/or the AEMT.

**Qualifications:**

- Complete the *Application for Emergency Medical Services Certification* (DOH-65), including affirmation regarding criminal convictions
- Successfully complete an approved New York State EMT-B or AEMT course
- Achieve a passing score on the practical and written certification examinations
- Must be at least 18 years of age by the end of the month in which they are scheduled to take the written certification examination
- Knowledge and Skills required show need for high school or equivalent education
- Ability to communicate effectively via telephone and radio equipment
- Ability to lift, carry and balance up to 125 pounds (250 pounds with assistance)
- Ability to interpret oral, written and diagnostic form instructions
- Ability to use good judgment and remain calm in high stress situations
- Ability to be unaffected by loud noises and flashing lights
- Ability to function efficiently without interruption throughout an entire work shift
- Ability to calculate weight and volume ratios
- Ability to read English language, manuals and road maps
- Ability to accurately discern street signs and addresses
- Ability to interview patients, patient family members and bystanders
- Ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such
- Ability to converse, in English, with coworkers and hospital staff with regard to the status of the patient
- Possesses good manual dexterity with ability to perform all tasks related to the highest quality patient care
- Ability to bend, stoop and crawl on uneven terrain
- Ability to withstand varied environmental conditions such as extreme heat, cold and moisture
- Ability to work in low light situations and confined spaces
- Ability to work with other providers to make appropriate patient care decisions

## Competency Areas:

### **The EMT-B**

Must demonstrate competency in assessment of a patient, handling emergencies using Basic Life Support equipment and techniques. Must be able to perform CPR, control bleeding, provide non-invasive treatment of hypoperfusion, stabilize / immobilize injured bones and the spine, manage environmental emergencies and emergency childbirth. Must be able to use a semi-automatic defibrillator. Must be able to assist patients with self-administration or administer emergency medications as described in state and local protocol.

### **The AEMT-Intermediate**

Must demonstrate competency in all EMT-B skills and equipment usage. Must be able to provide Advanced Life Support using intravenous therapy, defibrillator and advanced airway adjuncts to control the airway in cases of respiratory and cardiac arrest.

### **The AEMT-Critical Care**

Must demonstrate competency in all EMT-B skills and equipment usage. Must be able to provide Advanced Life Support using the AEMT-Intermediate skills and equipment. Must be able to administer appropriate medications.

### **The EMT-Paramedic**

Must be capable of utilizing all EMT-B and AEMT-intermediate skills and equipment. Must be able to perform under Advanced cardiac Life Support (ACLS) and Basic Trauma Life Support (BTLS) standards. Must be knowledgeable and competent in the use of a cardiac monitor/defibrillator and intravenous drugs and fluids. The EMT-Paramedic has reached the highest level of pre-hospital care certification.



## Description of Tasks:

Responds to calls when dispatched. Reads maps, may drive ambulance to emergency site using most expeditious route permitted by weather and road conditions. Observes all traffic ordinances and regulations.

Uses appropriate body substance isolation procedures. Assesses the safety of the scene, gains access to the patient, assesses extent of injury or illness. Extricates patient from entrapment. Communicates with dispatcher requesting additional assistance or services as necessary. Determines nature of illness or injury. Visually inspects for medical identification emblems to aid in care (medical bracelet, charm, etc.) Uses prescribed techniques and equipment to provide patient care. Provides additional emergency care following established protocols. Assesses and monitors vital signs and general appearance of patient for change. Makes determination regarding patient status and priority for emergency care using established criteria. Reassures patient, family members and bystanders.

Assists with lifting, carrying and properly loading patient into the ambulance. Avoids mishandling patient and undue haste. Determines appropriate medical facility to which patient will be transported. Transports patient to medical facility providing ongoing medical care as necessary enroute. Reports nature of injury or illness to receiving facility. Asks for medical direction from medical control physician and carries out medical control orders as appropriate. Assists in moving patient from ambulance into medical facility. Reports verbally and in writing observations of the patient's emergency and care provided (including written report(s) and care provided by Certified First Responders prior to EMT-B/AEMT arrival on scene) to emergency department staff and assists staff as required.

Complies with regulations in handling deceased, notifies authorities and arranges for protection of property and evidence at scene.

Replaces supplies, properly disposes of medical waste. Properly cleans contaminated equipment according to established guidelines. Checks all equipment for future readiness. Maintains ambulance in operable condition. Ensures cleanliness and organization of ambulance, its equipment and supplies. Determines vehicle readiness by checking operator maintainable fluid, fuel and air pressure levels. Maintains familiarity with all specialized equipment.

“The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the gender, race/national origin of the individual applicants on the basis of visual observation or surname.”

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Race: (Mark one or more)

White

Black of African or American

American Indian/Alaskan Native

Asian

Native Hawaiian or Other Pacific Islander

Gender: Male

Female

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs).

This institution is an equal opportunity provider, and employer. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S. W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).”