

MONROE VOLUNTEER EMERGENCY MEDICAL SERVICE



APPLICATION FOR MEMBERSHIP

54 Jockey Hollow Road, Monroe, CT 06468 (203) 261-0141 Fax (203) 459-0377

Providing Emergency Medical Care for the Town of Monroe since 1977
monroevems.org



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(203) 261-0141

APPLICATION FOR MEMBERSHIP

INSTRUCTIONS

1. Please complete all sections of this application.
2. Please print or type.
3. Please attach a short explanation on your reasons for applying to our organization.

Volunteer selections are based on several considerations such as experience, education, availability, interest, motivation, ability to perform the tasks required and/or the needs of the service. MVEMS reserves the right to deny membership to applicants based on the previous criteria. Those applicants who are selected as probationary members are subject to a probationary period as detailed in the MVEMS Policy and Procedure Manual

APPLICANT INFORMATION

NAME (Last, first, middle)		DATE OF BIRTH	SEX	PLACE OF BIRTH	
HOME ADDRESS # STREET		TOWN/CITY		STATE	ZIP
HOME PHONE	OTHER NUMBER (cell phone)	E-MAIL ADDRESS			
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	EXPIRATION	STATE	CLASS	HEIGHT
					WEIGHT

EMPLOYMENT HISTORY

EMPLOYER	OCCUPATION	LENGTH OF TIME WITH THIS EMPLOYER
WORK ADDRESS # STREET	TOWN/CITY	STATE ZIP
WORK PHONE NUMBER		
IF LESS THAN 3 YEARS, STATE REASON FOR LEAVING PREVIOUS EMPLOYMENT		

CERTIFICATION / TRAINING

Highest level of education attained: _____ Degrees: _____

List any previous medical, or other pertinent, training you have received (include: CPR, EMT, MRT, MD, RN, first aid, etc.)

CERTIFICATION TYPE	CERTIFICATION #	STATE	EXPIRATION	CERTIFYING AGENCY	CERTIFYING AGENCY ADDRESS

EXPERIENCE

Do you have any previous EMS experience? YES NO

If yes please provide details (service, contact info, when a member, etc). _____

CRIMINAL / DRIVING HISTORY

Do you have your own transportation? YES NO

Has your driver's license ever been suspended? YES NO

If yes, When and Why: _____

Have you been involved in a motor vehicle accident within the last two years? YES NO

If yes, When and Details: _____

Have you ever been convicted in this state or elsewhere for a crime, other than a minor traffic violation?

If yes, When and What _____

REFERENCES

NAME (Last, first, middle)	PHONE
HOME ADDRESS # STREET	TOWN/CITY STATE ZIP
NAME (Last, first, middle)	PHONE
HOME ADDRESS # STREET	TOWN/CITY STATE ZIP
NAME (Last, first, middle)	PHONE
HOME ADDRESS # STREET	TOWN/CITY STATE ZIP

EMERGENCY CONTACT INFORMATION

NAME (Last, first, middle)	PHONE
HOME ADDRESS # STREET	TOWN/CITY STATE ZIP

OTHER INFORMATION

Are you a US Citizen? YES NO

Can you speak, read or write a foreign language? YES NO If yes, specify: _____

Have you ever been fingerprinted? YES NO If yes, Date: _____ Where: _____ Reason: _____

Have you been in the military? YES NO If yes: Branch: _____ Type of discharge: _____

What other organizations do you belong to? _____

What position you are interested in? EMT MRT DRIVER ADMINISTRATIVE

Do you have an expertise in another field which could assist MVEMS in carrying out its YES NO

If yes, specify: _____

Why are you interested in joining MVEMS? _____

I hereby certify that I have not been convicted of a crime involving moral turpitude within the last three (3) years, nor am I currently addicted to the use of drugs or alcohol. I also certify that all information on this application and attached forms is true and correct. I am aware that under Connecticut General Statute 53a-157 false statements are punishable by law and will result in membership being denied or terminated.

Signature of Applicant Date Signed

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public



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PHYSICAL RELEASE FOR ACTIVE MEMBERSHIP

APPLICANT INFORMATION

APPLICANT NAME (last, first, mi)		DATE OF BIRTH	PHONE NUMBER
HOME ADDRESS (# street		town/city	state zip
HEIGHT	WEIGHT	CHECK IF YOU HAVE RECEIVED THE FOLLOWING IMMUNIZATIONS <input type="checkbox"/> TETNUS <input type="checkbox"/> MMR <input type="checkbox"/> HEPATITIS B <input type="checkbox"/> HEPATITIS A <input type="checkbox"/> PPD	
PERSONAL DOCTOR		DOCTOR'S PHONE	
PERSONAL DOCTOR'S ADDRESS			

NOTE: Monroe Volunteer Emergency Medical Service or the Town of Monroe does not pay for this evaluation

Do you take any medications or have any physical or mental conditions that would restrict or prevent you from fully performing your duties as a volunteer with MVEMS? YES NO

If yes, describe below.

Signature of Applicant

Date Signed

PHYSICIAN'S EVALUATION

NAME OF PHYSICIAN CONDUCTING EVALUATION	CONTACT NUMBER
ADDRESS	

DATE: _____

I have reviewed the job description on page two (2) of this form and attest to the physical fitness of the above named applicant who has applied for active membership with the Monroe Volunteer Emergency Medical Service. I understand that this requires a degree of physical strength and good health, as lifting patients and extricating victims from automobiles are required.

In my professional opinion the above referenced person can function physically and emotionally in the capacity of a medical response technician or emergency medical technician-basic when being directly involved in patient care.

COMMENTS: _____

PHYSICIAN'S SIGNATURE

DATE SIGNED

EMT-B / MRT JOB DESCRIPTION

The following is a job description for an EMT-B (MRTs are responsible for the same physical requirements although the technical aspects are lower):

Responds to emergency calls to provide efficient and immediate care to the critically ill and injured, and transports the patient to a medical facility.

After receiving the call from the dispatcher, drives the ambulance to address or location given, using the most expeditious route, depending on traffic and weather conditions. Observes traffic ordinances and regulations concerning emergency vehicle operation.

Upon arrival at the scene of crash or illness, parks the ambulance in a safe location to avoid additional injury. Prior to initiating patient care, the EMT Basic will also "size-up" the scene to determine that the scene is safe, the mechanism of injury or nature of illness, total number of patients and to request additional help if necessary. In the absence of law enforcement, creates a safe traffic environment, such as the placement of road flares, removal of debris, and re-direction of traffic for the protection of the injured and those assisting in the care of injured patients.

Determines the nature and extent of illness or injury and establishes priority for required emergency care. Based on assessment findings, renders emergency medical care to adult, infant and child, medical and trauma patients. Duties include but are not limited to, opening and maintaining an airway, ventilating patients, and cardiopulmonary resuscitation, including use of automated external defibrillators. Provide prehospital emergency medical care of simple and multiple system trauma such as controlling hemorrhage, treatment of shock (hypoperfusion), bandaging wounds, and immobilization of painful, swollen, deformed extremities. Medical patients include: Assisting in childbirth, management of respiratory, cardiac, diabetic, allergic, behavioral, and environmental emergencies, and suspected poisonings. Searches for medical identification emblem as a clue in providing emergency care. Additional care is provided based upon assessment of the patient and obtaining historical information. These interventions include assisting patients with prescribed medications, including sublingual nitroglycerin, epinephrine auto-injectors and hand-held aerosol inhalers. The EMT Basic will also be responsible for administration of oxygen, oral glucose and activated charcoal.

Reassures patients and bystanders by working in a confident, efficient manner. Avoids mishandling and undue haste while working expeditiously to accomplish the task.

Where a patient must be extricated from entrapment, 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, 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.

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

Lifts stretcher, placing in ambulance and seeing that the patient and stretcher are secured, continues emergency medical care. From the knowledge of the condition of the patient and the extent of injuries and the relative locations and staffing of emergency hospital facilities, determines the most appropriate facility to which the patient will be transported, unless otherwise directed by medical direction. 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. Identifies assessment findings which may require communications with medical direction for advice and for notification that special professional services and assistance be immediately available upon arrival at the medical facility.

Constantly assesses patient en route to emergency facility, administers additional care as indicated or directed by medical direction.

Assists in lifting and carrying the patient out of the ambulance and into the receiving 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 facility staff for purposes of records and diagnostics. Upon request, provides assistance to the receiving facility staff.

After each call, 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.

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 direction, licensing or certifying agencies. Meets qualifications within the functional job analysis.



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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

APPLICANT NAME: _____

DATE OF BIRTH: _____

To all courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and other such institutions, and all Governmental Agencies – federal, state and local, without exception, both foreign and domestic.

I have authorized the Monroe Volunteer Emergency Medical Service (MVEMS), or its representatives, to conduct a full investigation into my background and activities.

I understand that negative information in my background will not automatically disqualify me from being accepted as a member of MVEMS. The falsification or intentional omission of information required during the application process, however, constitutes grounds for rejection of my application or termination of membership if accepted.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any member or agent of MVEMS.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A Photostatted copy of this authorization will be considered as effective and valid as the original.

Applicant Signature

Date