

Monroe Volunteer Emergency Medical Service



Application for Membership

Revised 2022

54 Jockey Hollow Road, Monroe, CT 06468 (203) 452-2826
Providing Emergency Medical Care for the Town of Monroe since 1977
monroevems.org



Town of Monroe
EQUAL EMPLOYMENT OPPORTUNITY POLICY

The Town of Monroe provides equal employment/volunteer opportunities (EEO) to all employees, volunteers and applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age disability, marital status, amnesty, or status as a covered Veteran in accordance with applicable federal, state and local laws. The Town of Monroe complies with applicable State and Federal laws governing non-discrimination in employment in every location in which the Town has facilities. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

The Town of Monroe prohibits any form of unlawful employee harassment based on race, color, religion, gender, sexual orientation, national origin, age, disability, or veteran status.

The policy of equal employment opportunity and anti-discrimination applies to all aspects of the relationship between the Town and its employees/volunteers, including but not limited to:

- Recruitment
- Employment
- Promotion
- Transfer
- Training
- Working conditions
- Wages and salary administration
- Employee benefits and application of policies

The policies and principles of equal employment opportunity also apply to the selection and treatment of independent contractors, personnel working on our premises who are employed by temporary agencies and any other persons or firms doing business for or with the Town of Monroe.



Application for membership

Instructions

1. Please type or print.
2. Complete all sections of this application.
3. Return with copies of any applicable certifications/vaccination records.

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.

Applicant information

Last Name:		First Name:		M.I.:
# Street:		Town/City:	State:	Zip Code:
Home Phone:	Cell Phone:	Email:		
Date of Birth:	Driver License #:	Driver License Expiration:	Driver License State:	

Position you are applying for: Volunteer EMT ___ EMR___ Administrative Position___

Employer/School Information

Occupation:	Current Employer/School:	Length of Time with this Employer/School:		
Employer Address: # Street:	Town/City:	State:	Zip Code:	

Education

	School	Degree Earned	Year Graduated
High School			
College - Undergraduate			
College- Graduate			
Other			
Other			

Certification and Training

Please list all medical or other pertinent training you have received (CPR, EMT, EMR, RN, etc.).

Certification Type	Certification #	State	Expiration
EMR/EMT/A-EMT/Paramedic			
CPR			



Experience

Please list any previous/current public safety experience.

Organization	Position	Supervisor	Length of Service

References

Name:		Relationship:	
# Street:	Town/City:	State:	Zip Code:
Phone:	Email:		

Name:		Relationship:	
# Street:	Town/City:	State:	Zip Code:
Phone:	Email:		

Name:		Relationship:	
# Street:	Town/City:	State:	Zip Code:
Phone:	Email:		

Background Information

Have you ever been convicted of a misdemeanor or a felony? YES NO

If yes, please explain: _____

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

If yes, please explain: _____

Have you ever been cited for a motor vehicle violation in the past five (5) years? YES NO

If yes, please explain: _____

List other organizations do you belong to: _____



Emergency Contact Information

Name:		Relationship:	
# Street:	Town/City:	State:	Zip Code:
Phone:	Email:		

If you run out of room for any of the above sections, please add additional pages as needed.

I attest that all information contained herein is, to my knowledge, accurate, complete, and correct.

Signature of Applicant

Date

Signature of Applicant's Parent/Legal Guardian (if applicant is a minor)

Date

Parent/Legal Guardian Printed Name: _____



Parental Consent Form

This form shall be reviewed and signed by the parent/legal guardian of any applicant under the age of 18. Any questions should be directed to the MVEEMS Membership Chairperson.

Applicant Information

Applicant Name:	Date of Birth:
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TRAINING OVERVIEW: Members of MVEEMS will be required to complete an initial training program and ongoing training that emphasizes emergency medical care skills and attempts to teach these skills in a job- related context. The following medical conditions are included: inadequate airway; cardiac arrest; external and internal bleeding; shock; injuries to all body parts; fractures; dislocations; sprains; poisons; heart attack; stroke; diabetes; acute abdomen; communicable diseases; patients with abnormal behavior; alcohol and drug abuse; the unconscious state; emergency childbirth; burns (chemical, electrical, heat and radiation); emergencies caused by hot and cold environmental conditions and emergencies resulting from water hazards. In addition, the program also includes training in the use of the following equipment and materials; suctioning devices; airways; bag-mask resuscitation devices; oxygen equipment and delivery systems; sphygmomanometer and stethoscope; splints of all types (including backboards), bandages, automated external defibrillator and assisting the patient with certain medications. **Training will include a striking presentation on Human Trafficking and Sexual Exploitation of Children. Parents may contact the instructor to preview this material.**

METHODS OF EDUCATION: The EMS provider will be involved in lectures given by certified EMS instructors and other healthcare professional. Students also will participate in simulated emergencies, skill development exercises, local Emergency Department observations and a clinical internship with an EMS agency.

ROLES AND RESPONSIBILITIES: EMS provider functions include the following: patient examination; prompt and efficient care; appropriate patient handling; safe and efficient patient transport; orderly patient transfer to emergency department; communications; reporting and record keeping; vehicle driving (age 20 and older), maintenance and care; if rescue crews are absent, controlling the accident scene. The EMS provider is expected to carry out these responsibilities in a professional manner. The EMS provider should be well groomed and properly attired and exhibit appropriate concern for the patient.

LEGAL ASPECTS OF EMERGENCY CARE: The EMS provider needs to keep current, relative to legal requirement in the area in which he provides services. Specifically, he should be knowledgeable about his responsibilities relative to the following: duty to act or respond to the need for care and standards of care including professionals or institutional standards; consent; actual consent; implied consent; minor’s consent; consent of mentally ill; right to refuse treatment; immunities; government immunities; government immunities; Good Samaritan Laws; EMS and Paramedic statuses; exemption from the Medical Practice Act; effect of licensing and certification.

I, the undersigned parent or legal guardian of the named student, have reviewed this course description and give my consent for the named student to attend this course and obtain certification from the Department of Public Health.

Signature of Applicant’s Parent/Legal Guardian (if applicant is a minor)

Date

Parent/Legal Guardian Printed Name: _____

Applicant Name: _____



Medical Clearance

To Physician: Your patient has applied for membership as an EMT with Monroe Volunteer Emergency Medical Service. The duties of an Emergency Medical Responder (EMR and/or Emergency Medical technician (EMT) can be both physically strenuous and mentally stressful. Please evaluate the applicant knowing that his/her duties will require excellent physical and mental condition and note anything that may compromise this applicant's performance. Thank you.

Applicant Information

Applicant Name:	Date of Birth:
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Please list immunizations:

MMR		Hepatitis B		Tetanus		Covid	
YES	NO	YES	NO	YES	NO	YES	NO

Other: _____

Physician Information

Physician Name:	Work Address:
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Medical Clearance

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.

Physician's Signature

Date



EMERGENCY MEDICAL TECHNICIAN / EMERGENCY MEDICAL RESPONDER 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.



Authorization for Release of Personal Information

Applicant Information

Applicant Name:	Date of Birth:
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In connection with your application for membership at Monroe Volunteer Emergency Medical Services (MVEMS), notice is hereby given that a consumer report and/or investigative report may be obtained from a consumer reporting agency and other sources. These reports may contain information about your character, general reputation, personal characteristics, and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends, or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

The scope of this notice and below authorization is not limited to the present and, if you are approved for membership, will continue throughout the course of your involvement with MVEMS and allow MVEMS to conduct future screenings for retention, promotion, or reassignment, as permitted by law and unless revoked by you in writing.

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.

Acknowledgement and Authorization

By signing below, I hereby authorize MVEMS or its representatives, to conduct a full investigation into my background and activities. the obtaining of reports and/or records by MVEMS, at any time after receipt of this authorization and throughout the course of my membership, if applicable.

I hereby authorize the 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.

Signature of Applicant

Date

Signature of Applicant's Parent/Legal Guardian (if applicant is a minor)

Date