



## **Putnam Valley Volunteer Ambulance Corp.**

Post Office Box 141 Putnam Valley, New York 10579-0141

### ***Frequently Asked Questions***

#### **How do I join as a Riding Member?**

Fill out an application and mail it to the below address. Meetings are held at the Ambulance Headquarters at 7:30 pm on the fourth Wednesday of every month, except in November & December when it is held on the second Wednesday.

#### **What happens then?**

Someone on the Membership Committee will contact you and arrange to talk with you about the next steps.

#### **What if I have no prior training?**

The Corps will provide necessary training for you to ride.

#### **When can I start riding?**

In order to ride, you need to complete the process that the membership committee will describe to you at the end of your interview. This must be done within the first six (6) month period. When you have completed the required training, you will be allowed to ride as a probationary member.

#### **What are the duties of an attendant?**

As an attendant you must be 18 years old. While the rig is responding to a scene, you will ask the Crew Chief what equipment may be needed, locate it and if possible prepare it for use. On scene, provide Crew Chief with equipment as requested and assist in use of equipment and patient care as directed. Assist in moving the patient(s) into the ambulance, in-patient care en route and recording PCR information as directed by the Crew Chief. Assist in unloading and transferring patient(s) at hospital. Assist driver in cleaning vehicle and putting new bedroll on stretcher. Check hospital equipment closet and retrieve and Corps property. Re-stock equipment used such as oxygen masks, pillows and linens. Assist Crew Chief and driver at quarters in returning vehicle to service.

#### **What are the duties of a driver?**

As a driver you must be 21 years of age and have a clean driving record. Driving training will be provided to you upon approval of the Captain. Respond to scene in accordance with part 1004 of the legal section of the member's manual. Emergency privileges should be used prudently and safety. The driver remains responsible for the safety of



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the ambulance, crew and others on the road. Remain with the vehicle and act as communications officer. If less than a full crew is present, or if sufficient personnel are not on scene, the driver should assist with stretcher and other equipment and loading patient(s). Assure all vehicle doors and compartments are secured. Proceed to hospital at rate of speed and with lights and sirens as directed by the Crew Chief and in accordance with part 1004 of the legal section of the member's manual. Begin preparing vehicle for the next call by disposing of refuse and cleaning soiled surfaces and equipment, taking all infection control precautions and putting new bedroll on stretcher. Report any problems with vehicle to Crew Chief, refuel vehicle if tank is  $\frac{3}{4}$  full less, and assist crew in cleaning, re-stocking and returning vehicle to service. Be familiar with radio communications when responding and returning from a call.

### **What are the duties of an EMT?**

Among other things, as an EMT you will evaluate patient(s) conditions and initiate appropriate treatment. You will load patient, determine which hospital is appropriate and continue to provide patient care and evaluate patient during transport. You will be required to complete a PCR and ensure that all information is correct. When you return to the building, you will supervise the crew in returning the ambulance to service and you will enter the call in the log book.

### **What are the duties of a Probationary Member?**

Once you are interviewed and approved by the membership committee you will be referred to the Captain and they will advise when you may start riding as a Probationary Member. The probationary period may last up to 1 year. You may not respond directly to the scene unless authorized by the Captain. The Captain will evaluate all probationary members and their adherence to by the By-Laws, Administrative Regulations and Service Rules and Regulations.

### **How much time do I have to spend on ambulance calls?**

Everyone is asked to commit to at least 6 hours a week and participate in drills, work details, attend our general meetings and as many special events as possible.

### **When do I become a full Riding Member?**

Within 12 months or less of your starting to ride as a Probationary member, the Captain will make a recommendation and your membership status will be voted on at a general meeting.



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### **Personal Information (please print):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Email: \_\_\_\_\_

### **Emergency Contact Information:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relation: \_\_\_\_\_

### **Employer Information:**

Name of Company: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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



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### **Related Experience:**

Do you have any related experience in the emergency services or health care field?

If so, please list: \_\_\_\_\_

Do you have your NYS EMT/CFR certifications, CPR or First aid?

EMT/CFR? (please circle which one if yes) Yes  No

NYS # \_\_\_\_\_ Exp: \_\_\_\_\_

CPR? Yes  No  Exp: \_\_\_\_\_

First Aid? Yes  No  Exp: \_\_\_\_\_

### **Medical Information:**

Are you presently under a physician's care for, taking any medications for, or do you have any physical condition that would impair your operation of an emergency vehicle, your use of electronic equipment or your vision, hearing or ability to lift?

If so please explain:

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Have you been arrested for and/or convicted of any crime(s)? Yes No



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### **Please list 3 non-personal character references who can be contacted:**

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Relation: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Relation: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Relation: \_\_\_\_\_

Are you a member or have ever been a member of any other Fire Department or Ambulance Corps?  
Please list agency name, number and an officer's name and title.

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Are you acquainted with any present or past member of the Putnam Valley Volunteer Ambulance Corps?  
If so, who?

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**By signing below the applicant certifies that this information is factual to the best of his / her knowledge. Information on this form will be considered confidential and will not be divulged to anyone outside the Corps. However, the Corps reserves the right to verify the information provided and to contact the reference's supplied by the applicant. If there is any condition or issue in the experience of the applicant that might adversely affect this application, the applicant should note that on this application and/or discuss it with the membership committee contact.**

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

***Please mail to:***

*Putnam Valley Volunteer Ambulance Corps.*

*Attn: Membership Committee*

*P.O. Box 141*

*Putnam Valley, NY 10579*

*Meetings are held once the Membership Committee has gone through the process of reviewing your application and you will be advised when to come and be officially interviewed then to be presented to the Corps. as a probationary member.*