



CAMBRIDGE RESCUE SQUAD, INC.
P.O. BOX 431
JEFFERSONVILLE, VT. 05464
(802)644-2113

“This Information will be Confidential & Personnel when filled in:

APPLICATION FOR MEMBERSHIP

NAME (Last) _____ First: _____ Middle Initial: _____

Address: _____ Town: _____ Zip Code: _____

Phone # (1) _____ Phone # (2) _____ E-Mail: _____

Date of Birth: _____ Place of Birth: _____ Social Sec. # ____/____/____

Drivers License Type: Auto Driver’s License Number _____
 Commercial State of Issue _____
 _____ Expiration Date: _____

Marital Status: Single Married Spouse’s Name: _____ Divorced

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Have you ever been convicted of a felony? YES NO

Have you ever been involved with a Rescue/Ambulance Service before? YES NO

Name of Service: _____ State: _____ Contact Name: _____

Comments: _____

TRAINING CERTIFICATIONS:

Are you currently certified as a pre-hospital provided in the State of Vermont? YES NO

If s, fill in the appropriate sections below:

_____ Cardiopulmonary Resuscitation (CPR)	<input type="checkbox"/> AHA <input type="checkbox"/> ARC <input type="checkbox"/> Other _____	Expiration Date: _____
_____ First Responder (FR)	Certification Number: _____	Expiration Date: _____
_____ Emergency Medical Technician (EMT)	Certification Number _____	Expiration Date: _____
_____ Emergency Medical Tech – Intermediate	Certification Number _____	Expiration Date: _____
_____ Emergency Medical Tech – Paramedic	Certification Number _____	Expiration Date: _____
_____ Other Certification _____	Certification Number _____	Expiration Date: _____

I fully understand that if accepted into the Cambridge Rescue Squad, I will be placed on a one (1) year evaluation period. I also by signing this application do hereby agree to adhere to the procedures and protocols of the Cambridge Rescue Squad.

I also certify that to the best of my knowledge, the above information is correct, and I understand that intentional falsification of any information could result in my removal as a member of the Cambridge Rescue Squad.

 (Applicant Signature)

 (Date)

 (Officer’s Name/Title)

 (Date)



CONFIDENTIALITY STATEMENT

As an employee of Cambridge Rescue, Inc. I have the responsibility of maintaining the confidentiality of all patient information, records, and other health care information, By signing this statement I agree to the following:

- I understand that all patient and Cambridge Rescue Squad, Inc. employee information, records, and health care information compiled, obtained, maintained, or reviewed by me in the course of my duties are confidential. I agree not to disclose or otherwise make known to any unauthorized persons any information regarding the same, unless so directed by the Chief of the Department.
- No privileged information whether written or oral, will be shared with unauthorized family members and/or friends.
- In understand that I am not to read information, records, and health care information concerning patients and case reports or any other confidential documents for my own personal information but only to the extent and for the purpose of enabling me to perform my assigned duties.
- Discussions regarding patients will be held in areas or other places where privacy is assured. I will not discuss any identifying information except in the performance of job-related duties, being especially mindful that these discussions do not occur in hallways, elevators, lavatories, lunchrooms, or other public areas when possible.
- All run sheets, notes and other written material concerning a patient or other employee, will be filed in a secure place when I am not using the information.
- When working on network files on computers, I will log off when I am finished or leave my work station for an extended period of time, to prevent access to confidential files and databases. Care will be taken to prevent unauthorized viewing of persons without a need for the information.
- All requests for patient information will be forwarded to the Chief of the Department (Department Privacy Officer) for follow-up.
- I understand that a breach of security or confidentiality may be grounds for disciplinary action, which may include termination of employment.

Employee Signature

Date

Chief's Signature

Date