



NEW MEMBER INFORMATION

The Town of Highlands Ambulance (TOHA) is a Basic Life Support provider for the Town of Highlands and Village of Highland Falls. TOHA also provides mutual aid to neighboring jurisdictions. TOHA responds to approximately 600 calls a year. Our calls include medical emergencies, motor vehicle accidents, rehabilitation services at fires, and standbys for school sporting events, camps and town sponsored events. We also host the Fall Foliage Festival, participate in the 4th of July parade, make educational visits to schools, and set up shelters for community members in an emergency. We provide our members with training, equipment and support. Throughout the year we get together to hold fundraisers, have membership appreciation dinners and various other events.

■ DISPATCH & CREWS

Each member and trainee is required to provide twelve (12) hours a week. If a member cannot do their scheduled times they are responsible for making their own arrangements for coverage and notifying the Scheduling Officer. A permanent schedule is posted at the hall, although weekly changes can be made through the Scheduling Officer. All calls are dispatched through Highland Falls Police Department. A weekly schedule is provided to the police department with every member and trainee assigned hours. A crew has a minimum of one (1) driver and one (1) EMT, although we make every effort to have two (2) EMTs on a crew. Only one (1) trainee can be assigned to a crew. Shift times are flexible and can be done anytime throughout the week - contact the Scheduling Officer for availability. Long Duty is required for members and a rotating schedule is issued quarterly (members are asked to do long duty approximately eight (8) times a year). Long Duty is from 7 p.m. Saturday to 7 p.m. Sunday. Long Duty and weekly ride time requirements can be waived for certain circumstances (i.e. work or vacation) - see the Scheduling Officer for details.

■ ON CALL

When "on call" you are not required to remain at the hall, although you can if you wish. There is a crew room you can use while on call. However, you **ARE** required to remain within our jurisdiction (Fort

Montgomery and Highland Falls) with your pager or radio on and be ready to respond. Every effort should be made to safely respond to the ambulance hall within six (6) minutes from the emergency page. **You are not to respond directly to the scene of any call UNLESS you are an EMT and have been given permission to do so.**

■ PROBATIONARY PERIOD

New applicants to the corps are on a probationary period of three (3) to twelve (12) months. These applicants are referred to as "trainee". By the end of the twelve (12) months trainees are required to successfully complete driver training or be enrolled in a NYS EMT-B class or both. Trainees are also expected to provide a minimum of twelve (12) scheduled hours a week and participate in training, drills and meetings. Within the probationary period, the trainee is required to meet with the Operation Officers every three (3) months for an evaluation.

■ EQUIPMENT

Members and trainees will be issued equipment which, at minimum, includes a pager and Bloodborne pathogen approved EMS jacket. If your association with Town of Highlands Ambulance is terminated you are required to return all equipment immediately.

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■ UNIFORM

Members and trainees are required to wear black or dark blue pants (no blue jeans, sweat pants or shorts) and a GREEN shirt with the TOHA patch attached to the shirt. You are also required to wear the TOHA ID card that has been issued to you.

■ MONTHLY MEETINGS

Monthly business meetings are held every first Tuesday of the month. Every effort should be made to attend the meetings.

■ LENGTH OF SERVICE AWARD PROGRAM

A member becomes eligible for the Length of Service Award Program (LOSAP) after one (1) year of service. Once enrolled into the program, benefits are granted if the member accumulates a minimum of fifty (50) points within each year's period, January 1st to December 31st. Points can be earned through riding time, stand-by, second calls, training/drills, or holding an office.

■ TRAINING

TOHA schedules several training classes a month and periodic drills throughout the year. Meeting the training requirements is not difficult because of all

the classes offered. A training schedule is posted at the back of the hall each month and members are required to check the schedule and make arrangements to attend needed classes. Trainees are required to complete the Mandatory Training listed in the training requirement section of this packet within the first ninety (90) days. All members are required to complete the mandatory refresher training.

■ CONTINUING MEDICAL EDUCATION

TOHA has a CME program available to active EMTs wishing to enroll for recertification. Core and non-core classes are available through TOHA and outside agencies free of charge. To enroll please contact the CME Coordinator for details.

■ CONDUCT

Members and trainees are always expected to be professional and courteous. Member's behavior is a direct reflection of our corps. TOHA is an important part of this community and we value our reputation.

■ GREEN LIGHT

Members are encouraged to purchase and use a green light to respond to the ambulance hall for an emergency call. The green light is only a courtesy light and all responses must be within the guidelines of the New York State Vehicle and Traffic Laws.



TOWN OF HIGHLANDS AMBULANCE

MEMBERSHIP APPLICATION

NAME:		DATE OF APPLICATION:	
CURRENT ADDRESS:	CITY:	STATE:	ZIP:
PERMANENT ADDRESS (if different from above):	CITY:	STATE:	ZIP:

SOCIAL SECURITY #:	DATE OF BIRTH:		
DRIVER'S LICENSE # (if valid, please attach copy):	STATE OF ISSUE:	DL EXPIRATION DATE:	

CONTACT INFORMATION

HOME PHONE: <input type="checkbox"/> Preferred Contact Method <input type="checkbox"/> Emergency ONLY	WORK PHONE: <input type="checkbox"/> Preferred Contact Method <input type="checkbox"/> Emergency ONLY	MOBILE PHONE: <input type="checkbox"/> Preferred Contact Method <input type="checkbox"/> Emergency ONLY
PAGER: <input type="checkbox"/> Preferred Contact Method <input type="checkbox"/> Emergency ONLY	OTHER: <input type="checkbox"/> Preferred Contact Method <input type="checkbox"/> Emergency ONLY	EMAIL ADDRESS: <input type="checkbox"/> Preferred Contact Method <input type="checkbox"/> Emergency ONLY

MEDICAL & EMERGENCY INFORMATION

EMERGENCY CONTACT 1:	RELATIONSHIP:
ADDRESS:	PHONE #: ALT PHONE #:
EMERGENCY CONTACT 2:	RELATIONSHIP:
ADDRESS:	PHONE #: ALT PHONE #:
LIST ALL KNOWN MEDICAL OR PSYCHIATRIC CONDITIONS & MEDICATIONS: <input type="checkbox"/> NONE	

LANGUAGE(S)

DO YOU SPEAK ANY LANGUAGE(S) OTHER THAN ENGLISH? (If yes, please list below):	<input type="checkbox"/> YES <input type="checkbox"/> NO
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TOWN OF HIGHLANDS AMBULANCE

MEMBERSHIP APPLICATION

PERSONAL HISTORY

MILITARY SERVICE BRANCH: <input type="checkbox"/> NONE	RANK:	TYPE OF DISCHARGE:
HAVE YOU EVER BEEN AFFILIATED WITH AN EMS, FIRE OR RESCUE ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If yes, please list organization, dates of service & current status (or reason for termination):</i>	
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If yes, please explain:</i>	
HAVE YOU EVER BEEN TERMINATED BY AN EMPLOYER OR VOLUNTEER ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If yes, please explain:</i>	

CERTIFICATION & SKILLS

CPR LEVEL OF CERTIFICATION (<i>attach copy of card</i>):	EXPIRATION:	PLACE & INSTRUCTOR:
EMT STATE/LEVEL OF CERTIFICATION (<i>attach copy of card</i>):	EXPIRATION:	CERTIFICATION NUMBER & STATE:
OTHER RELEVANT TRAINING (<i>attach copy of card</i>):	EXPIRATION:	CERTIFICATION NUMBER & STATE:

CURRENT EMPLOYER / SCHOOL

EMPLOYER:	SCHOOL:
EMPLOYER ADDRESS:	GRADE OR YEAR:
POSITION & WORK SCHEDULE (ex. Mon-Fri, 9-5):	EXPECTED GRADUATION DATE:
SUPERVISOR'S NAME & PHONE #:	CLASS ATTENDANCE: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends

VOLUNTEER & TRAINING PREFERENCES

INTERESTED IN (<i>check all that apply</i>): <input type="checkbox"/> DRIVER <input type="checkbox"/> EMT	PREFERRED EMT TRAINING COURSE: <input type="checkbox"/> AUG - JAN <input type="checkbox"/> FEB - JUNE <input type="checkbox"/> OTHER
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OTHER INFORMATION

Please feel free to include any additional information about yourself below:



TRAINEE/MEMBER AGREEMENT:

I have completely and truthfully answered all of the questions on this application and understand that failure to do so may result in denial or dismissal. I acknowledge and will meet the following requirements for membership:

- 1) All members and trainees are required to be on the schedule for twelve (12) hours a week.
- 2) Members are required to participate in the Long Duty Schedule - which may be waived by the membership.
- 3) All members and trainees must maintain a valid healthcare provider CPR certification.
- 4) All members and trainees are required to complete the mandatory training, testing, medical evaluations and refresher classes as issued in the attached training requirement addendum.
- 5) Trainees have one (1) year to complete their driver training or enroll in a NYS EMT-B class.
- 6) Members and trainees are asked to attend meetings, training, drills and special events of the corp.
- 7) Members and trainees are expected to read, understand and adhere to the Standard Operating Procedures (SOP) and By Laws.

If a trainee or member wishes to enroll in EMT-B school funded by Town of Highlands Ambulance the following is required:

- 1) Schedule an interview for consideration of EMT-B school funding. Interview process must include all Line Officers.
- 2) In return for EMT school funding the member/trainee shall agree to a two (2)-year commitment to the ambulance corps as an active EMT member.
- 3) If the member or trainee is unsuccessful in completing the EMT course or quits, is voted out or resigns from service, Town of Highlands Ambulance reserves the right to seek monetary reimbursement for schooling and equipment (unless returned) from that individual.

Please type or write "I AGREE" here: _____

Signature

Date



**MOTOR VEHICLE DRIVER'S LICENSE / ARREST INFORMATION
DISCLOSURE & RELEASE AGREEMENT**

I, _____ (date of birth) _____ AUTHORIZE,
WITHOUT RESERVATION, TOWN OF HIGHLANDS AMBULANCE TO REQUEST A DRIVER'S LICENSE AND
CRIMINAL CHECK ON ME.

This authorization shall remain on file and shall serve as ongoing authorization for Town of Highlands Ambulance, its insurance company, and/or insurance broker to procure Motor Vehicle reports at any time during my membership in Town of Highlands Ambulance.

_____	_____	_____
Print Name as shown on Driver's License	Social Security Number	Date of Birth
_____	_____	_____
Driver's License Number	State of Issue	Expiration Date

(ATTACH COPY OF DRIVER'S LICENSE)

Please type or write "I AGREE" here: _____

_____	_____
Signature	Date

PARENTAL CONSENT FOR JUNIOR CORPS APPLICANTS - UNDER 18 YEARS OLD: Corps policy permits Junior Corps members to respond on ambulance calls until 10:00 p.m. on school nights and until midnight on all non-school nights. I am the parent or legal guardian of this applicant. I have reviewed and approved this application. I give permission for the applicant to engage in Ambulance Corps authorized activities.

Parent /Legal Guardian:

_____	_____
Print Name	Date

Signature



**TOWN OF HIGHLANDS AMBULANCE POLICY ON CONFIDENTIALITY
& DISSEMINATION OF PATIENT INFORMATION
HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)**

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. We prohibit the release of any patient information to anyone outside our organization (exclusive of health professionals directly involved in the care of the patient in question) and discussions of Protected Health Information (PHI) of our patients within the organization should be limited. Acceptable uses of PHI within the organization include but are not limited to peer review, internal audits, quality assurance and billing.

I understand that Town of Highlands Ambulance provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of our patients. I understand that it is necessary, in the rendering of our services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such confidential information is regarded as strictly confidential and protected by federal and state laws that prohibit its unauthorized use or disclosure for treatment, payment and health care operations.

I agree that I will comply with all of the HIPAA confidentiality policies and procedures set in place by Town of Highlands Ambulance in its manual of Standard Operating Procedures (SOP) during my association with Town of Highlands Ambulance.

If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Captain or Line Officer of Town of Highlands Ambulance immediately.

In addition, I understand that a breach of patient confidentiality may result in my suspension or termination of my association with Town of Highlands Ambulance. Upon termination of my association for any reason, or at any time upon request, I agree to return any and all confidential patient information in my possession.

I acknowledge that I have received the Town of Highlands Ambulance Standard Operating Procedures on HIPAA. I have read and understand all privacy policies and procedures that have been provided to me.

Please type or write "I AGREE" here: _____

Signature

Date



TRAINING REQUIREMENTS:

We hold a very high standard in patient care and we expect our members to treat each patient as they would their own family members. In order to achieve the best patient care we can, we need to ensure our members are highly trained professionals. In addition to the various training classes and drills offered at the Ambulance Hall, the schedule below are the **mandatory** training requirements.

All new applicants are required to complete the following within the first ninety (90) days. Review the Training Calendar located in the Ambulance Hall or contact the Training Officer to request a specific class:

TITLE	WHERE TO OBTAIN	REFRESHER REQUIRED
Incident Command System 100	Online or TOHA	
Incident Command System 200	Online or TOHA	
Incident Command System 300 (beginning 2007)		
Incident Command System 700	Online or TOHA	
CEVO	TOHA	
CPR & Defibrillator	TOHA	Two Years
Blood Borne Pathogens	TOHA	Annual
HazMat	TOHA	Annual
Respirator:		
Medical Questionnaire	TOHA	Annual
Fit Test	TOHA	Annual
Training	TOHA	Annual
Immobilization Training	TOHA	As Needed
Rig Layout & Equipment Use	TOHA	As Needed
HIPAA Rules & Regulations	TOHA	As Needed

I agree to abide by the training requirements set forth by Town of Highlands Ambulance and any subsequent changes or additions in the training requirements.

Please type or write "I AGREE" here: _____

Signature

Date



**DO NOT WRITE ON THIS PAGE.
FOR OFFICE USE ONLY.**

Board of Directors Signatures:

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Operating Officer Signature:

Signature

Date

Chairman Signature:

Signature

Date

Date of Board of Directors Meeting: _____

Date of Meeting / Vote: _____

Operator Number: _____