

**Mail to: Chappaqua Volunteer Ambulance Corps
P.O. Box 453**

Chappaqua, NY 10514

OR

Place completed application in mailbox at CVAC building

Personal Information:

Name: _____

Address: _____

Home phone number: _____

Cell phone number: _____

Email address: _____
(MUST BE **LEGIBLE**)

Date of Birth: _____

School Attending: _____

Current year in school: _____

This application is not complete until we receive a reference from a coach, teacher, guidance counselor, employer, or family friend (not a relative) who can tell us about your level of responsibility, your ability to make and keep commitments, teamwork, etc.

Your reference can be emailed directly to YouthAdvisor@ChappaquaAmbulance.org or it can be mailed to us at the address above. It can be sent separately from this application.

Because we receive references for many applicants, please provide the name of the person providing your reference:

Application for Youth Corps Membership

Extracurricular Activities: list all sports and activities that practice or meet outside of regular school hours (e.g. include plays you're in with rehearsals after school but don't include band which has rehearsals during school). This is not to show how involved you are. We need to have an idea of your schedule so we can determine if you have time for CVAC Youth Corps.

Spring '18

(circle days)

Sport _____ practice/game times _____ M T W H F S

Sport _____ practice/game times _____ M T W H F S

Activity _____ meeting times _____ M T W H F S

Activity _____ meeting times _____ M T W H F S

Summer '18 plans

Fall '18

(circle days)

Sport _____ practice/game times _____ M T W H F S

Sport _____ practice/game times _____ M T W H F S

Activity _____ meeting times _____ M T W H F S

Activity _____ meeting times _____ M T W H F S

Winter '18-'19

(circle days)

Sport _____ practice/game times _____ M T W H F S

Sport _____ practice/game times _____ M T W H F S

Activity _____ meeting times _____ M T W H F S

Activity _____ meeting times _____ M T W H F S

Spring '19

(circle days)

Sport _____ practice/game times _____ M T W H F S

Sport _____ practice/game times _____ M T W H F S

Activity _____ meeting times _____ M T W H F S

Activity _____ meeting times _____ M T W H F S

Application for Youth Corps Membership

The duties of a Youth Corps member may include the following while on an ambulance call:

- Assisting the EMT or Paramedic with patient care and communication (the Youth member would never be left alone with a patient, and would never be in charge of patient care). In this capacity, Youth members may be exposed to patients with different issues
 - Patients may have suffered a trauma due to a fall or a motor vehicle accident
 - Patients may be agitated, anxious or in pain
 - Patients may have a variety of illnesses, which may be contagious (all CVAC members are encouraged to use Personal Protective Equipment such as face mask and/or gloves)
- Helping with the transport of patients
 - With the help of one or more people, lifting patients using a manual or mechanical stretcher, sometimes up and down stairs
- Entering the Emergency Department of several different hospitals, where other patients may have illnesses and injuries separate from the CVAC patient's

Based on this description, are there any conditions that would limit your ability to carry out the essential functions of a Youth Corps member? Yes No

If "Yes," please explain below.

Date of your last physical examination: _____

Application for Youth Corps Membership

Brief Essay: (you may write your answer here or type it and attach it.)

Why do you want to join the Chappaqua Volunteer Ambulance Corps?

Application for Youth Corps Membership

Youth Applicant:

I certify that I received, read, and agree to abide by the Guidelines for Youth Corps Membership and I further certify that I have answered all of the above questions truthfully and to the best of my knowledge. I understand that health and medical information I have provided in this application will be kept confidential and used by the officers of CVAC solely for the purpose of determining my qualifications as a member of the CVAC Youth Corps.

I understand that there is a standard of performance for Youth Corps members, including minimum hours per month and year, as well as attendance at weekly Rig Checks and some other CVAC events. I understand that if I fail to meet these standards, I will be asked to resign or I will be dropped from the membership roles.

I understand and agree that my name, address, telephone number, and email address will be published on a membership list to facilitate intra-Corps communications.

Name (printed) _____

Signature _____

Date _____

Parent or Guardian:

I certify that I am the parent or legal guardian of this applicant and that I have read and understand the Guidelines for Youth Corps Membership, as well as this entire application. I understand that there is inherent risk in riding on an ambulance with patients in emergency situations. .

I further understand that the applicant named herein may be issued uniform items and other equipment provided by the Corps, including a building key. All uniforms and equipment remain the property of the Corps and are to be returned in good condition (excepting normal wear and tear) upon separation from the Corps.

By signing below, I give my permission for this applicant to apply to become a member of the Youth Corps of the Chappaqua Volunteer Ambulance Corps.

Name (printed) _____

Signature _____

Date _____

If you have any questions about the application or responsibilities, please contact the Youth Advisor at YouthAdvisor@chappaquaambulance.org before signing.