

CVAC Youth Corps Application Checklist

Thank you for your interest in joining the CVAC Youth Corps! Before completing this application, please review the Guidelines for Youth Corps Membership. A complete application has THREE parts:

_____ Completed application form (signed by both Applicant and Parent/Guardian)

_____ Essay attached to the application

_____ Reference letter

Applications may be submitted by:

1. US Mail to:
Chappaqua Volunteer Ambulance Corps
P.O. Box 453
Chappaqua, NY 10514
2. Email to: YouthAdvisor@ChappaquaAmbulance.org
3. Hand delivery to CVAC building

Deadline for application: January 25, 2019

Personal Information:

Name: _____

Address: _____

Home phone: _____

Cell phone: _____

Email: _____

Date of birth: _____

School Attending: _____

Current year in school: _____

Reference:

As part of this application, we require a letter of reference from a coach, teacher, guidance counselor, employer or family friend who can tell us about your character (level of responsibility, your ability to make and keep commitments, your sense of teamwork, etc). The person providing the reference letter must NOT be affiliated with CVAC, nor may that person be a family member. The reference letter may be delivered to us either by US Mail or email.

Please provide the name of the person providing your reference letter:

Extracurricular Activities

Please list all expected sports and extracurricular activities that practice or meet outside of regular school hours (e.g. include clubs or sports that meet after school, but do not include activities that meet during school).

Spring 2019

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

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

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

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

Summer 2019 plans

Fall 2019

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

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

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

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

Winter 2019-2020

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

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

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

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

Spring 2020

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

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

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

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

Essay

On a separate piece of paper, please submit a brief essay (no more than one page, double spaced): **Why do you want to join the Chappaqua Volunteer Ambulance Corps?** Please attach the essay to this application.

Youth Applicant:

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

- Assisting an Emergency Medical Technician (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 encounter patients with different issues including, but not limited to:
 - Patients suffering from trauma from a fall or motor vehicle accident
 - Patients who are agitated, anxious or in pain
 - Patients with a variety of illnesses, some of which may be contagious (all CVAC members are required to use Personal Protective Equipment)
- Carrying equipment that may weigh up to 30 pounds up and down stairs
- Working outdoors, and/or working in low light or darkness
- Helping with the transport of patients with the help of one or more other people: lifting patients, using a manual or mechanical stretcher or other devices to move patients, sometimes up or down stairs

- Entering the Emergency Department of 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 function of a Youth Corps member? _____ YES _____ NO

If "Yes," please explain below and note any accommodations that may be required:

Date of your last physical examination: _____

I certify that I have 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 eligibility 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, attendance at weekly rig checks, and 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 rolls.

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

I 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.

I understand that from time to time, CVAC may seek to post pictures or videos on social media, or otherwise use pictures/videos of our members including our Youth Corps members. I hereby provide consent for CVAC to use pictures and or video of the applicant. This consent shall remain in effect until and unless revoked by me in a writing provided to CVAC.

Name (printed) _____

Signature _____

Date _____

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