

Application for the EMS Division of New York City Amateur Radio Emergency Communications Service (NYC-ARECS)

LAST NAME:	FIRST NAME:	DATE OF BIRTH:
MAILING ADDRESS:		PLACE OF BIRTH:
CELL PHONE #:	EMAIL:	EMERGENCY CONTACT NAME & #
CIRCLE ALL WHICH APPLY: PARAMEDIC / EMT / CFR / FIRST AID / CPR / AED / RN / LPN / CORPSMAN – HM / COMBAT MEDIC - 91B / HS		

I _____ ACCEPT AND UNDERSTAND THE FOLLOWING:
INSERT YOUR NAME

I hereby acknowledge that *New York City Amateur Radio Emergency Communications Service, Inc.*, their Boards of Directors, officers, servants, agents, members, employees and representatives, all of the above together shall hereinafter be referred to as NYC-ARECS. NYC-ARECS shall not be liable or responsible for any loss or damage which I may sustain to my person or property while on any NYC-ARECS assignment or meeting.

I understand and agree that NYC-ARECS assume no responsibility whatsoever, and shall not be held responsible for any injuries or loss which may occur while I am volunteering at any public service event, and/or any extension thereof or for any damage or claim arising there from or in connection therewith.

As a NYC-ARECS EMS Member I will only provide basic life support (BLS) services and those services will foremost include stabilizing the patient (maintain ABCs, treat traumatic wounds, provide CPR, etc.). I will voluntarily render medical assistance/first aid in an emergency to a person who is unconscious, ill, or injured without expecting monetary compensation.

As a NYC-ARECS EMS Member I will utilize my training to provide volunteer assistance to members of the public using safe practices which include: appropriate body substance isolation procedures; assessing the safety of the scene; gaining access to the patient; assessing extent of injury or illness; determining the nature of illness or injury; visually inspecting for medical identification emblems to aid in care (medical bracelet, charm, etc.); using prescribed techniques and equipment to provide patient care; assessing and monitoring vital signs and general appearance of patient for change; making determinations regarding patient status and priority for emergency care using established criteria (triage); reassuring the patient, their family members and bystanders; reporting verbally and in writing (when necessary), information gathered about patient's emergency and care rendered to the person in charge of ambulance crew on scene; I will never state the patient's name over the radio and will identify the patient by age and sex only.

I understand that I am volunteering with an organization which does not provide any compensation or benefits and any and all first aid treatment which I may provided to anyone will be done without any expected compensation and will be done as a good Samaritan in good faith.

Signed: _____ Date: _____

Witness: _____ Date: _____