



Yukon Emergency Medical Services

Community Responder Application Form

Name: _____ **Social Insurance #** _____
 (Last Name, First Name)

Mailing Address: _____

Community: _____ **Postal Code:** _____

Contact telephone #:
 (daytime) _____ (evening) _____

Email Address: _____ **Date of Birth:** _____

Emergency Contact Name and Number _____

How did you become interested in becoming a Community Responder Ambulance Attendant?

Previous EMS Training:

Course or Program	Completed When?	Completed Where?	Recertification Required by?
Standard First Aid			
CPR "C" or CPR-HCP			
EMR			
PCP			
Class IV Driver's License			

Terms of Agreement:

As a Community Responder Ambulance Attendant, I understand:

- Following my acceptance to the service by the current rural superintendent,
- Responders will be paid honoraria for:
 - Signing up to be on the standby roster
 - Responding to ambulance calls
 - Attending training/meeting nights
 - Other approved projects
- In return, I am willing to attend bi-monthly meetings as often as possible in order to learn and continue to practice my emergency medical skills. If I am unable to attend training meetings, I agree to notify my superintendent.

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- I am also willing to participate in training opportunities offered or sponsored by Yukon Emergency Medical Services whenever possible.
- I agree to read and review with my superintendent the contents of the **Yukon EMS –Standard Operating Procedures** so that I am aware of the guidelines and regulations governing responder ambulance attendants
- I agree to advise my superintendent of my availability for call and to notify her/him of any changes that may affect my availability to respond to calls such as work demands, family commitments, child care needs, etc.
- I agree to abide by Territorial HIPMA legislation.
- I understand that I must undergo a criminal record check with the RCMP before I am accepted as a responder.
- I agree that any equipment or clothing assigned to me will be returned in good time and good condition should I decide to withdraw my responder services.
- I agree that I will not go on an ambulance call if I have consumed anything that may cloud my judgement or affect my reaction time.

(Signature of responder)

(Date)

As the current Rural Superintendent, I express my willingness to:

- submit all necessary paperwork to Yukon EMS (Whitehorse) to ensure timely payments of responder honoraria and expense claims on behalf of all crew members
- advise new responders of any emergency medical service educational or training opportunities offered or sponsored by Yukon EMS
- review the **Yukon EMS – Standard Operating Procedures and Policies** with all new responders
- be of assistance in orienting new responders to the rural ambulance service

(Signature of Superintendent)

(Date)