



Serving the Town of Union since 1973

Union Volunteer Emergency Squad, Inc.

8 South Avenue B
Endwell, New York 13760
Business Office (607) 754-3414

OBSERVER APPLICATION

Date ____/____/____

_____	_____	_____
Last Name	First Name	Initial
_____	_____	_____
Street / P.O. Box	City	State Zip Code
Home Phone (____) ____-____	Work Phone (____) ____-____	
Cell Phone (____) ____-____	eMail: _____	

Are you over the age of 18? YES [] NO []

If No, Please provide the name of your parent or Guardian: _____

Emergency Contact (Name and Number)

Are you aware of any reason why you cannot participate in UVES activities? YES [] NO [] If yes, explain:

Are you currently a member of any Emergency Service Organization (Fire, Ambulance, Police, etc.) either paid or volunteer? YES [] NO [] If yes, organization(s) name and address:

State your academic or professional interest in the Emergency Medical Service field:

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I understand that acceptance of this application allows me to ride on an ambulance that is performing EMS calls. I am acting as an observer for the purpose of becoming familiar with EMS operations. I agree to abide by the Squad Rules and Regulations and conduct myself in a professional and lawful manner. I understand that business and patient information must be held in strictest confidence and to divulge such information outside of the organization could be grounds for possible legal action.

UVES has the following dress code that must be strictly adhered to. No blue jeans. No sneakers. Pants of a dark color, preferably green or blue. Plain white collared shirt with no emblems, insignias, designs or pictures. Shoes should be comfortable, and dark in color. A UVES jackets or sweater will be provided to you while observing. An observer name tag must be clearly visible on your jacket or shirt while observing.

I have read, understand and initialed the regulations governing the conduct of observers on the reverse of this form. I hereby waive my rights and/or cause of action that I may have against Union Volunteer Emergency Squad, Inc. or the Town of Union, arising from my participation as an observer with the Squad.

Signature _____ Date _____

Parent/Guardian Signature (Under 18 only) _____ Date _____

Rules and Policies For Observers

Observer- please read carefully and initial each item.

- ___ 1. These regulations apply to all persons properly authorized to participate in the observer program.
- ___ 2. Only persons sixteen (16) years of age or older with legitimate academic or professional interest in Emergency Medical Services may apply to participate in the observer program.
- ___ 3. All Associate Observers may be provided a UVES jacket or sweater while observing. Observers shall wear an orange "Observer" vest found at each station.
- ___ 4. Observers shall not participate in any way in patient care or rescue activities, which includes handling of any squad equipment, unless specifically instructed to do so.
- ___ 5. Observers must make no statement of any kind to the public, press, family, police, medical personnel, etc. All inquiries are to be directed to the UVES member-in-charge.
- ___ 6. No photographs shall be taken on any ambulance call and photographic equipment shall not be carried into houses or buildings unless specifically authorized by the Executive Director.
- ___ 7. The observer is encouraged to gain as much exposure to EMS activities as possible. However, his/her primary responsibility is to assure his/her own safety as well as that of the crew and patient.
- ___ 8. Because of the nature of EMS activities, the observer will be exposed to confidential information and medical histories. It is expected that this information will never be discussed or used other than for a call critique with the crew after the completion of the call.
- ___ 9. Only one observer at a time shall be permitted to ride in any UVES vehicle.
- ___ 10. Observer Ride Time will be entered into the Eschedule System utilized by UVES.
- ___ 11. I understand and agree that the interpretation of these regulations and determinations of whether I have fully complied with same is in total discretion of the UVES member-in-charge who may refuse the observer permission to participate.
- ___ 12. I understand that my application is valid after approval for a period of 30 days.
- ___ 13. I understand that being granted the right to observe the operations of UVES only permits me to ride for no more than three shifts within these 30 days.

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For Office use only

Approved: _____ Denied: _____ Expires On: _____

Membership Coordinator: _____ Date: _____