

**Union Volunteer Emergency Squad
8 South Avenue B
Endwell, NY 13760
(607) 754-3414**

**Observer Application
(Send this form in)**

Date ____/____/____

_____ Last Name	_____ First Name	_____ Middle Initial	
_____ Street/P.O. Box	_____ Village/City	_____ State	_____ Zip Code
Home Phone ____/____/____	Work Phone ____/____/____	e-Mail _____	
Age ____ Date of Birth ____/____/____	SSN ____/____/____		

Have you ever been convicted of a crime? YES [] NO [] If yes, please explain: _____

Are you currently a member of any Emergency Services Organization either paid or volunteer? YES [] NO [] If yes, please list the organization(s) name and address(es) _____

State your academic or professional interest in Emergency Medical Services: _____

I understand acceptance of this application allows me to participate as an Observer with an on-duty ambulance. I am acting in this capacity for the purpose of becoming familiar with EMS operations. I agree to conduct myself in a professional and lawful manner. I understand the confidential nature of call and patient information and agree not to discuss any of the information regarding patient information. I understand divulging any such information outside of this Agency has grounds for legal action being taken against me.

UVES has the following dress code that must be strictly adhered to. Pants of a dark color must be worn (no blue jeans, dress slacks are acceptable) along with either a plain white shirt or t-shirt. T-shirts with emblems, insignias, designs or pictures are not permitted. Shoes (preferably black boots) are encouraged instead of sneakers. A UVES jacket will be provided for your use on shift if needed. An "Observer" tag will be provided for you as well, and must be worn throughout your shift.

By signing this form, I agree I have read, understand and initialed adjacent to the regulations governing the conduct of Observers on the reverse of this form. I hereby waive my right and/or cause of action I may have against the Union Volunteer Emergency Squad, Inc., or the Town of Union, arising from my participation as an Observer with this Agency.

Signature

Date ____/____/____

Signature of Parent/Guardian if under 18 years of age

This Application is valid for 90 days after approval.

For Office use only	Approved _____	Denied _____	Expires on _____
	Director of Operations _____		Date ____/____/____

Union Volunteer Emergency Squad, Inc.

Policies and Procedures for Observers

Note to Observer – please read carefully and initial each item.

- _____ 1. These regulations apply to all persons duly authorized to participate as an Observer.
- _____ 2. Persons less than eighteen (18) years of age must have the consent of their parent or guardian.
- _____ 3. All Observers shall be dressed in appropriate attire and display an “Observer” ID tag while on shift.
- _____ 4. Observers may not participate in patient care or rescue activities, including the handling of any UVES equipment, unless specifically directed to do so.
- _____ 5. Observers are not to make any statement of any kind to the public, media, family, police, fire or medical personnel. The UVES Member in charge of the call shall handle all inquiries.
- _____ 6. No photographs shall be taken on any ambulance call, and no photographic equipment shall be carried into any scene.
- _____ 7. Because of the very nature of EMS activities, the Observer will be exposed to information that is extremely confidential. Other than for a critique of that call, by the crew involved, no other discussion of that call may take place.
- _____ 8. Due to the nature of certain calls (Crime scenes, suicides, etc.), Observers may not be allowed to participate in any manner.
- _____ 9. I understand my application if approved, is valid for a period of 90 days.
- _____ 10. I understand and agree that the interpretation of these policies and procedures of whether I have fully complied or not is at the total discretion of the UVES Member in-charge, who may refuse the Observer permission to participate.