



Business Office:
PO Box 127
Hotchkiss, Colorado 81419

Phone/Fax: 970-872-4303
Email: mail@northforkambulance.com
Web: www.northforkambulance.com

Welcome!

Thank you for considering being a part of the North Fork Ambulance Association. Outlined below is the process that you will need to follow as you apply for a position with the NFAA as a Driver or Emergency Medical Technician (EMT).

Please review the NFAA Policies 1 & 2 contained herein. Then fill out and return the four-page application to:
North Fork Ambulance Association
PO Box 127
Hotchkiss, CO 81419

Once your application has been received, you will be contacted for an interview with the Personnel Committee. After meeting with the Personnel Committee, your application will be reviewed at the Board of Director's meeting with the Committee's recommendation. You will then be notified of the outcome of the Board meeting the following day.

Applicants, once approved, will attend an orientation session. Topics to be discussed will include notification of random drug screening, confidentiality, initial training, receipt of official NFAA Policies & Protocols, background check, and life as a Driver/EMT, and completing paperwork.

Benefits of volunteering with the NFAA:

- You will receive a nominal monetary compensation for being on-call and responding to a call.
- If injured while performing NFAA duties, you will be covered under worker's compensation insurance.
- A free NFAA subscription for your household with one vote at the Annual Meeting is also included.
- Your Health Care Professionals CPR card may be kept current through the NFAA with no cost to you.
- We provide you with a t-shirt, hat and a jacket to identify you as part of the North Fork Ambulance Association.
- You may apply for financial assistance for further training (i.e., to become an EMT or if already an EMT to attend conferences).

If you have any questions about becoming a volunteer Driver or EMT please contact us!

- Kathy Steckel, mail@northforkambulance.com, 921-6160 or
- Richard Kinser, richardkinser@ymail.com, 527-3476

The North Fork Ambulance Association is staffed completely with volunteer members and we applaud your willingness to consider this opportunity.

Thank you for your interest in serving our community!

NFAA Board of Directors

www.northforkambulance.com



Rev. 11/2010

Application to the North Fork Ambulance Association (NFAA):

1. All applicants to the NFAA must be at least eighteen (18) years of age.
2. Applicant must live within a ten-minute (10) response time of an ambulance station in Paonia, Hotchkiss or Crawford; unless an agreement is made with the Board of Directors.
3. Applicants must complete an application and send it to the North Fork Ambulance Association, PO Box 127, Hotchkiss, Colorado 81419.
4. Applicants must meet with the Personnel Committee (all paperwork must be completed before committee will meet with applicant). Applicants will be subject to a criminal background check. The Personnel Committee will make a recommendation to the Board of Directors at a regularly scheduled board meeting, at which time the applicant is encouraged to be present.

Initial Training upon acceptance by NFAA Board:

Initial Training required to be completed by all NFAA Drivers & EMTs before being listed as on-call personnel:

- Attend EMT/Driver Orientation and complete three (3) observation runs as a Driver
- EMTs must make at least three (3) observation runs as an EMT under the guidance of another NFAA EMT with at least three (3) years of NFAA EMT experience
- Drivers and EMTs must obtain an American Heart Association CPR for Healthcare Professionals or equivalent health care provider CPR card
- EMTs must complete laptop and Patient Care Reporting software training

NFAA Personnel Standards – NFAA Policy 2

Rev. 11/2010

Paperwork Requirements

Copies of the following must be kept on file with the NFAA:

- Valid Colorado Driver's License
- Valid AHA CPR for Health Care Professionals or equivalent health care provider CPR card
- Valid Colorado EMT Certification (For All EMTs)
- NIMS 100, 200 & 700 certification

Minimum Standards to Stay Current with the NFAA:

Drivers:

- Complete twelve (12) ambulance checks with an EMT per year. Must be documented on the NFAA Rig Check sheet and placed in the lockbox.
- Be responsible for at least 48, 12-hour shifts per year, documented by on-call pay.

EMTs:

- Complete twelve (12) ambulance checks per year. Must be documented on the NFAA Rig Check sheet and placed in the lockbox.
- Be responsible for at least 48, 12-hour shifts per year, documented by on-call pay.
- Complete six (6) contact hours with NFAA Physician Advisor per year, documented through CE Committee
- Complete Skills Training, and be signed off by CE Committee or Physician Advisor, before using in the field:
 - King Tube Airway

- Albuterol Nebulizer
- Lifepak 15 Heart Monitor/Defibrillator
- Additional Skills as they become available

Other:

- Complete a personnel review with the Board of Directors by phone or in person, one year from date of hire and then every two years thereafter.
- Keep Protocol Book Current.
- Grievances, complaints or problems among ambulance personnel should be discussed and solved by the ambulance personnel and local board members. If a solution cannot be found, the situation will be heard and resolved by the Board of Directors in an Executive Session.
- EMT Basics wishing to obtain their Intravenous Fluid (IV) Certification must have been active with the NFAA for at least one year, be current with all Certifications and NFAA requirements, and be approved by the NFAA Physician Advisor before taking the class.
- Individuals wishing to become an EMT-Basic, and who wish to obtain funding for the EMT-Basic Course from the NFAA, must have: been approved as a Driver, completed all pertinent orientations and training as outlined in NFAA Policy One (1), submit a signed **Financial Aid Agreement for EMT-B Course** to the NFAA Board of Directors and be approved by the Board of Directors before enrolling in the EMT-B course. Application is available online at www.northforkambulance.com.
- NFAA personnel wishing to obtain funding from the NFAA to attend EMS conferences, seminars and/or to attain additional certifications (i.e. I/V Fluid Certification), must complete a **Financial Aid Agreement for EMS Training** prior to commencing training. All personnel requesting Financial Assistance for training, certifications, etc must bring completed application and appear at a regularly scheduled board meeting one (1) month prior to registration deadline. Application is available online at www.northforkambulance.com.

Scheduling & Pagers:

1. Be within ten (10) minutes of the ambulance station while on-call.
2. Once scheduled for a shift, ambulance personnel are responsible for covering the entire shift. If you are unable to fulfill the shift, it your responsibility to find a substitute to cover the entire/remainder of your shift and contact your partner to inform him/her of the change. After arranging for a replacement, it is also your responsibility to mark the change on the master schedule at your respective ambulance station in ink.
3. Pagers should be left on at all times in order to capture important information relevant to EMS and Fire Calls for Service from Delta County Dispatch. Additionally, NFAA information pages are often sent out as a means of timely and widely broadcasting information to personnel regarding up-coming training, the posting of new schedules, etc.
4. Each shift shall be comprised of one (1) crew consisting of one NFAA EMT and one NFAA Driver, or two (2) NFAA EMTs. The on-call crew is responsible for any and all emergency calls for service which are paged out by Delta County Dispatch within their given shift.
5. If any on-call personnel does not respond, the crewmembers who take the call must document this on the master schedule after the call. The non-responding crewmember will not receive on-call pay for that shift and the information will be documented in the individual's personnel file for disciplinary action if necessary. In the case of an extreme emergency or pager failure, the non-responding crewmember may document the situation and file it in the lock box.

Response to Calls for Service:

1. NFAA Ambulances may ONLY be called into service by Delta Dispatch. NO EXCEPTIONS.

2. All ambulance personnel shall make an honest attempt to present a neat and orderly appearance when reporting for ambulance duty, with some visual NFAA identification i.e. Hat, coat, shirt.
3. The on-call crew shall have a ten (10) minute window, from the page time to respond to the barn and go en route to the emergency scene.
 - a. If an NFAA crew is not assembled within ten (10) minutes, dispatch will issue a second page with a five (5) minute response time.
 - b. After five (5) minutes from the time of the second page, dispatch will page the nearest available community.
 - c. If the nature of a call justifies the early departure of the rig from the station and a crew is available prior to the arrival of the on-call crew, that crew may respond to the scene. The responding crew must then:
 - i. Notify dispatch to page out that the on-call crew should meet the ambulance on-scene, or
 - ii. Contact the on-call crew via cell phone to inform them to meet the ambulance on-scene.
 - iii. Upon arrival of the on-call crew on-scene, the EMT on call will assume command of the call/scene and will continue patient care.

Patient Care and Transportation to a Definitive Care Facility:

1. All Ambulance personnel will use appropriate Body Substance Isolation (BSI) protection to include at a minimum of gloves, gowns, facemasks, splash shields and/or eye protection when necessary.
2. The crew that is on call has the responsibility for completing patient care throughout each call received during their shift. The lead personnel on a call, shall be the on-call EMT. The lead EMT will make any and all decisions regarding the call at hand, such as if additional personnel are needed, how many third riders may ride, and if Advanced Life Support (ALS) or Care Flight is required. If the lead EMT feels that local advanced personnel are needed, the request shall be made at the determination of the lead EMT and paged out through dispatch.
3. NFAA EMTs may turn patient care over to an equal or higher trained personnel, but this decision will rest solely with the lead EMT and any decision to turn patient care over to a higher certified individual must be documented in the Patient Care Report (PCR) at the conclusion of the run.
4. All Patient Care Reports must be completely and properly filled in following the transfer of patient care over to a definitive care facility. All Reports must be completed using the Patient Care Reporting Software program on the laptop in each ambulance, in SOAP format, by the conclusion of the run, i.e. before the crew leaves the station to go home.
 - a. Patient Care Reports may be faxed to the DCMH Emergency Room at 874-6451 from the respective station's fax machine only. Trip cards must be completed in full and all pertinent information completed. A HIPPA privacy & trip card must also be completed with each run.
5. A run report **must** be completed in the current EMS software, each time the ambulance rolls, even if no patient contact is initiated. This shall include a brief narrative regarding all pages in which an ambulance crew is stood down, placed on stand-by at a special event, etc.

Re-stocking Rigs & Station Cabinets:

1. Upon returning from each run, the crew will fully re-stock the rig with any supplies that they used and/or noticed were low. The crew must also make note and order any necessary expired, about to expire, or low and/or out of stock supplies from inside the rig and in the station's inventory cabinets.
 - a. Replace house Oxygen Cylinder at 500 lbs. Portable Oxygen Cylinders must be topped off and/or replaced with a FULL Cylinder after each run.

- b. Only the board-appointed purchaser may order supplies. It the responsibility of all crewmembers to properly request supplies utilizing the NFAA Inventory and Medication Request Form available at each station. See Appendix G for copy of form.
- c. Medications need to be submitted to DCMH at least 3 months prior to their expiration date for the NFAA to receive credit. Please plan accordingly in your re-stocking and rig-checks to order replacements in time to meet or exceed this requirement.

NFAA Personnel Agree to Abide by the Following:

1. No ambulance will engage in actions, which constitute a significant threat to the health and/or safety of the individuals receiving care or the ambulance crew.
2. Ambulance personnel must have the direct order of medical control (either by protocol or standing orders, their presence, radio or telephone) to administer any substance considered a drug/medication.
3. Personnel must not perform acts above their level of training as specified in latest edition of the State of Colorado Rule of 500.
4. ABSOLUTE PATIENT CONFIDENTIALITY WILL BE OBSERVED AT ALL TIMES BY ALL AMBULANCE PERSONNEL.
5. The use of drugs and/or alcohol is forbidden while on call or during ambulance service by all ambulance personnel.
6. The drawing of blood samples for Blood Alcohol Content for law enforcement testing is strictly forbidden. EMTs should instruct law enforcement that they must wait until the patient reaches the Emergency Room and submit their request to the physician on duty.

Non-compliance:

1. Non-compliance with any letter of these policies or protocols by a member of the North Fork Ambulance Association may be grounds for disciplinary action, suspension, or legal action at the discretion of the Board of Directors of the North Fork Ambulance Association.



*the nfaa is a fiscally responsible, non-taxing,
non-profit, all volunteer organization*

Application for Employment

Please Print Clearly in Ink and Answer all Questions. Please only return pages 6-9.

Thank you for your application. Omission on this application shall be sufficient cause for reconsideration of employment. Applications will remain active for 60 days and after that time must be re-submitted.

Application Date _____ I am applying for a position as a Driver _____ EMT _____

Name _____ Social Security _____
(First, Middle & Last)

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Cell _____ Email _____

How were you referred to the NFAA? _____

Are you over 18 years of age? _____ Date of Birth: _____

Have you ever been employed by the North Fork Ambulance Association? _____ Yes _____ No

If yes, as a: _____ Driver _____ EMT | Dates of Service: _____

Licenses and/or EMT Certifications Held:

Current CPR Certification _____ Yes _____ No Issuing Agency _____

EMT Certification Level: _____ EMT Certification Number: _____ State of Issuance: _____

Expiration Date: _____ National Registry? _____ Yes _____

Describe any Advanced Levels of Training: _____

Have you ever had a license or certification revoked or suspended? _____ Yes _____ No

If yes, please explain: _____

[] I have read and agree to abide the NFAA Personnel Standards as outlined in NFAA Policy 2 identified on pages 2 through 5 above

Employment History:

Beginning with your most recent or current employer, please list all past employment. If you have had no previous employment, please provide us with a list of non-family references. If you need more space, you may copy this page or continue on a blank piece of paper.

Employer	Telephone
Address	Employed – Month & Year From: _____ To: _____
Name of Supervisor	May we contact employer? Yes _____ No: _____
Job Title & Work Description	Reason for Leaving
Employer	Telephone
Address	Employed – Month & Year From: _____ To: _____
Name of Supervisor	May we contact employer? Yes _____ No: _____
Job Title & Work Description	Reason for Leaving
Employer	Telephone
Address	Employed – Month & Year From: _____ To: _____
Name of Supervisor	May we contact employer? Yes _____ No: _____
Job Title & Work Description	Reason for Leaving
Employer	Telephone
Address	Employed – Month & Year From: _____ To: _____
Name of Supervisor	May we contact employer? Yes _____ No: _____
Job Title & Work Description	Reason for Leaving

Have you ever been convicted of a crime or violation other than a minor traffic infraction? Yes _____ No _____
 *A conviction record will not necessarily bar employment with the NFAA. Factors such as job relations, age and time of offense, seriousness and nature of crime/violation committed and rehabilitation will all be taken into consideration

Date of Conviction: _____ | If yes, please explain: _____

Have you ever been discharged from employment or asked to resign?

Yes _____ No _____

If yes, Date of discharge: _____ | Employer: _____

Please explain: _____

Education:

Please list all educational institutions starting with high school, which you have attended, concluding with the highest level of education attempted or completed.

High School:

- Did you graduate from high school? ____ Yes ____ No | Did you earn a GED? ____ Yes ____ No ____ N/A
- Name of High School / GED Training Center: _____
- Physical Address: _____ State: ____ Zip: _____

Trade/Technical School:

- Name of Institution: _____
- Physical Address of Institution: _____ State: ____ Zip: _____
- Course of Study: _____ Did you Graduate? ____ Yes ____ No
- Degree/Certificate Received: _____

College/University:

- Name of Institution: _____
- Physical Address of Institution: _____ State: ____ Zip: _____
- Course of Study: _____ Minor: _____
- Did you Graduate? ____ Yes ____ No Date of Graduation: _____
- Degree/Certificate Received: _____



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College/University:

- Name of Institution: _____
- Physical Address of Institution: _____ State: _____ Zip: _____
- Course of Study: _____ Minor: _____
- Did you Graduate? _____ Yes _____ No Date of Graduation: _____
- Degree/Certificate Received: _____

Other Specialized Training:

- Name of Institution: _____
- Physical Address of Institution: _____ State: _____ Zip: _____
- Course of Study: _____
- Certificate/Certification/Licensure Received: _____

Please Read the Following Statement Carefully Before Signing

By signing this application, I certify that all information contained herein is true and complete to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration for employment and may result in dismissal if discovered at a later date.

I authorize the investigation of any and all statements contained within this application. I also authorize, whether listed or not, any person, school, current employer, past employer, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

Employment with the North Fork Ambulance Association is at-will. Either the employee or management has the right to terminate the employment at any time, for any reason.

I _____, understand that a criminal background check will be performed through the Colorado Bureau of Investigation (CBI), and further acknowledge that I have read and understand the above-mentioned statements, by my signature consent to these statements.

Applicant's Signature

Date

The North Fork Ambulance is an Equal Opportunity Employer