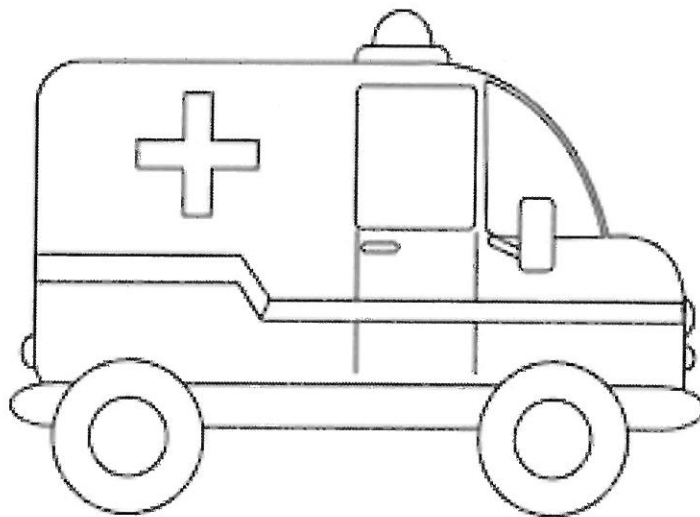


**BETHLEHEM
AMBULANCE
YOUTH CORPS**



BETHLEHEM, CT. 06751

BETHLEHEM AMBULANCE YOUTH CORPS

Purpose

- 1) Promote youth interest and training in Emergency Medical Services.
- 2) Teach community involvement and volunteerism.
- 3) Build self confidence, character and social development.
- 4) Learn group teamwork.
- 5) Have fun.

Membership

Open to young men and women ages 13-18, living in or near Bethlehem Ct.

YOUTH OFFICERS

Chief - leader of group -Run meetings - reports to Ambulance Association

Assistant Chief - Assist Chief in duties - takes over in their absents

Finance officer- In charge of group's money

Clerk- Keeps meeting records

Quartermaster - In charge of Equipment

Adult advisors

TRAINING

All YC members will be CPR, AED and Basic first aid Training. Member will also learn about the equipment and supplies used in EMS.

Emergency Medical Responder (EMR) maybe offered to active member over the age of 14.

Emergence Medical Tech (EMT) maybe offered to active member over the age of 16.

Active member maybe eligible for the Ambulance Scholarship.

MEETINGS

1) The YC will meet the 1st Monday for training with Bethlehem Ambulance. 7pm.

2) The YC will meet 3rd Thursday for general business matters.

3) The YC will meet time to time on weekend for trips and training or stand -by events

AMBULANCE CALLS

The YC will follow the State of Connecticut Guidelines for under 18 responders. State Certification (EMR) or (EMT) will be required to ride the Ambulance. Duty Hour limits as per State Guidelines.

BETHLEHEM AMBULANCE



YOUTH CORPS

Membership Application

NAME _____

DATE OF BIRTH _____ AGE _____

ADDRESS – STREET- _____

TOWN - _____ STATE _____ ZIP _____

EMAIL _____

TELEPHONE NUMBER (____)- _____

Why do you want to join Bethlehem Ambulance Youth Corps?

Please list other Youth groups or sports team you're a member of.

Do you have any First aid or CPR training? _____

Would you take an Emergency Medical Responder class? _____

Would you take an EMT class? _____

Your signature _____

Parent permission required to join

Parent name _____ Signature _____ Date _____