

# SOAC Youth Division Application Process

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- The application process will include:
  - A formal application with gym release
  - A panel interview with Youth Division Advisors
  - Certifications taught to the the member (AHA BLS CPR, Bloodborne Pathogens) Note: Lifeguard CPR certifications does not meet the requirements to ride on the ambulance
- In order to be cleared to ride on the ambulance the member must have above certifications and pass a memorization check on the organization and layout of a soac ambulance.



# SOAC Youth Division Application

South Orangetown Ambulance Corps  
70 Independence Avenue, Tappan NY 10983  
(845)359-3030

Date \_\_\_\_\_ Drivers License # \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

REFERRED BY \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address (If Different the Above) \_\_\_\_\_

Parent/Guardian Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Parent/ Guardian E-Mail Address \_\_\_\_\_

Emergency Contact # \_\_\_\_\_

**Medical History/ Allergies/ Medications**

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**Youth Member Affirmation**

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that intentional false information supplied on this application will cause me to be subject to disciplinary action and/or termination from the South Orangetown Ambulance Corps.

Signature \_\_\_\_\_

**Parent/ Guardian Consent**

I have read and understand the youth corps standard operating procedures. I understand that the ambulance responds to calls of serious illness and injuries including death, and that these calls can be difficult for the entire ambulance crew. I understand Rockland County has services available to help my child deal with the aftermath of difficult calls and crisis intervention, which South Orangetown Ambulance Corps has full accessibility to, free of charge. I hereby give permission to my child to join the South Orangetown AMbulance Corps Youth division and ride the ambulance as a trainee.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

SOUTH ORANGETOWN AMBULANCE CORPS  
EXERCISE ROOM RELEASE

WHEREAS, the undersigned desire to use the South Orangetown Ambulance Corps Exercise Room as a member a member of the South Orangetown Ambulance Corps ; and

WHEREAS, the undersigned understands that physical exercise including, but not limited to the use of free weights, weight machines, treadmills, exercise bicycles or other equipment present in the Exercise Room can be hazardous if not used properly and/or if the undersigned is not in good health; and

WHEREAS, the undersigned fully understands the risks associated with physical exercise including but not limited to tendon, ligament, muscle, bone, and/or head injuries, cardia arrest, stroke or other circulatory system injuries, paralysis and death; and

WHEREAS, the undersigned, despite knowing these risks, desires to use the Exercise Room;

WHEREAS, the undersigned, understands that it is prohibited to allow non-members to use the Exercise Room;

THEREFORE, in return for good and valuable consideration, including the use by the the undersigned of the Exercise Room, receipt of which is hereby acknowledged, the undersigned agrees that he or she shall use the Exercise Room with all due care and diligence including but not limited to

- A. Learning and following proper and safe use of all equipment and/or devices;
- B. Consulting his/her physician before beginning any exercise program or using any equipment or devices;
- C. Using a qualified "spotter" at all times when using weights; and
- D. Using due care under any circumstances which might arise.

The undersigned, his/her agents, heirs and assigns further agree to forever release, discharge, indemnify and hold harmless the South Orangetown Ambulance Corps, its officers, employees, and agents from and against any and all claims for damage, losses, illness, sickness, injury or death together with any and all expenses arising there from resulting directly or indirectly from the undersigned's use of the South Orangetown Ambulance Corps premises including but not limited to the Exercise Room, the equipment and devies therein, ingress and egress from the Exercise Room and the use of any other of the South Orangetown Ambulance Corps facilities

Dated \_\_\_\_\_

Print name in Full \_\_\_\_\_

Signature \_\_\_\_\_

Signature of Witness \_\_\_\_\_

# South Orangetown Ambulance Corps

## Infectious Disease Waiver

I hereby give, \_\_\_\_\_ permission to attend the South Orangetown Ambulance Youth Corps. With the knowledge that said person may be exposed to COVID-19. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID 19. While rules and personal discipline may reduce this risk, the risk of serious illness does exist.

The South Orangetown Ambulance Corps has put in place measures to reduce the spread; however, the risk of infection remains possible. All Youth Corps Members are expected to follow all South Orangetown Ambulance Corps protocols, as well as local, state, and federal regulations. All Youth Corps members attending meetings must be asymptomatic. Riding for Youth Corps may be restricted if state or local infection rates are elevated. All riding Youth Corps Members will receive an N95 from South Orangetown Ambulance Corps.

I will wear proper PPE and take appropriate precautions. I voluntarily accept the risk and responsibilities in riding and the possibility of contact with COVID-19. SOAC is released from liability due to exposure. If I have a fever, cough, or any other symptoms, I will not ride or attend any meetings until cleared to do so.

If I experience any symptoms, I will contact one of the advisors immediately and proper procedures will be followed.

### COVID-19 Calls

COVID-19 calls while still coming in have come down significantly. YTD Stats: SOAC in the Year of 2021 has responded to about 42 Possible COVID calls out of 1,846 calls. In September responded to 0. These stats include suspected and confirmed cases that our agency has been called to. When a COVID-19 call comes in SOAC Youth Corps Members just like any other call can request to stay back at SOAC or to ride in the front of the ambulance if the patient is being transported to the hospital. If a Youth Corps Member chooses to respond they MUST ALWAYS wear at minimum an N95. Youth Corps Members can take off their N95 once the patients' care has been transferred over to the hospital and the stretcher has been deconned

### Mask Policy

As of October 2021, The South Orangetown Ambulance Corps doesn't require masks to be worn on the property and throughout the building. Wearing masks at the building is up to the discretion of the

member and parent/guardian. Youth Corps. Advisors cannot be held responsible if a Parent requires their child to wear a mask and they fail to do so.

All members will be provided with an N95 once cleared to ride. It is up to the member to ask for a new N95 if theirs becomes defective at any time. N95s are not required to be worn at all calls but SOAC recommends you do so for the safety of yourself and your family. Surgical Masks will also be provided at request for riding.

**Youth Corps Member**

\_\_\_\_\_

Print

\_\_\_\_\_

Sign

**Parent / Guardian**

\_\_\_\_\_

Print

\_\_\_\_\_

Sign

\_\_\_\_\_

Relationship to Youth Corp Member