



McGregorEMS.org
TEL: 603.862.3674
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McGregor Memorial EMS

formerly Durham Ambulance Corps
"Committed to Compassionate Excellence"

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McGregorInstitute.net
47 COLLEGE RD
DURHAM, NH 03824

Welcome to the McGregor Memorial EMS Observer Program!

The Observer Program is designed to give community members, students, and individuals interested in applying for membership a unique opportunity to spend time with an ambulance crew and to observe our EMS providers in action. Participation in the Observer Program is at the sole discretion of McGregor's management. Those who wish to participate should complete *Observer Program Application and Waiver of Liability* included with this packet. Please note: You do not need an EMT certification or prior experience to participate in the Observer Program.

About McGregor Memorial EMS

McGregor is a volunteer, non-profit organization which has been providing emergency ambulance service to the communities of Durham, Lee, Madbury, and the University of New Hampshire for over forty years. Our membership consists of highly trained, professional EMS providers certified up to the Paramedic level, as well as non-medical volunteers. In addition to providing emergency ambulance services McGregor also offers:

- CPR Safe training and certification for schools
- Education for EMS professionals
- CPR and first aid training for the public

Application

In order to participate in the McGregor Observer Program you must do the following:

- ✓ Complete the attached liability waiver and background check
- ✓ Provide us with a copy of your driver's license or other government issued photo identification
- ✓ Complete a 45 minute orientation session

This entire process can generally be completed in under an hour. Before you can participate, your completed application must be reviewed and approved by a member of McGregor's management.

Duration of Participation

The McGregor EMS Observer Program was created with many objectives, including exposing community members to Emergency Medical Services, providing experience for McGregor's Trainees and supplementing the classroom experience of EMT students from the area. Because this program is in high demand we must sometimes limit the duration of your participation in the program. Participation in the Observer Program is at the sole discretion of McGregor although the following criteria will be considered:

- Opportunity for the participant to spend time at the station / experience ambulance calls
- Reason for participation in the Observer Program
- Conduct while on call

In general, Observers will be cycled out of the program within no more than three months. Those who wish to continue with the program are *encouraged* to contact the Recruitment Coordinator via email or phone. Requests to be reinstated will be honored when possible.

Patient Confidentiality

Observers may not read EMS run forms or other materials containing information about ambulance calls, other than the run forms for calls in which they participated. Any and all information regarding calls, patient condition, etc. is strictly confidential and may not be discussed with anyone but the crew from that call, the McGregor Manager, or the Recruitment Coordinator at any time.

McGregor Memorial EMS

Scheduling your Shift

Observers may sign up for shifts online by following these steps:

1. Go to <http://mcgregor.emseschedule.com/>
2. Your username and password will be the first letter of your first name followed by your last name
Example: Adam Barry's username *and* password would be: abarry
3. Signup in the "Observer" slot by clicking on the appropriate hyperlink.



Considerations when scheduling your shifts:

- You cannot be alone in the station so plan accordingly – there is paid staff on from 6a-10p M-F.
- Calls inevitably occur near the end of a shift! You may not get back for 2+ hours after you shift's scheduled end time.

Dress Code

McGregor is a *professional* ambulance service and our appearance affects the public's perception of this professionalism. Collared shirts with khakis are strongly suggested for Observers. We recommend tucking in your shirt. A name tag identifying you as an observer will be provided and must be worn throughout any calls. We will also provide you with a reflective vest, which should be worn anytime you are near traffic. Prohibited clothing includes sleeveless, midriff, or low-cut shirts, sandals or open-toe shoes, torn clothing, or any clothing with offensive materials. You may not wear any clothing that identifies you as a member of McGregor or of any other fire, police, or EMS department. Tee shirts and blue jeans are strongly discouraged. *The McGregor Crew Chief or Officer may remove any Observer whose overall appearance would, in their opinion, present an unprofessional image of McGregor.*

Role of Observers

While on calls, non-EMT Observers may be asked to assist the EMS crew with tasks that they feel are appropriate, such as assisting with lifting and carrying of patients, carrying equipment, or performing CPR compressions (if trained). Observers who are EMT certified may do any of the above, as well as assisting with obtaining vital signs, patient assessment, or any other tasks that the crew chief deems appropriate. ***You are in no way obligated to perform any tasks you are uncomfortable with.*** Please make an effort to discuss what you would and would not like to do with your crew members at the start of your shift.

Safety

As with everything we do, safety is our number one priority. Every effort will be made to keep you as safe as possible during your observation time. For this reason, your crew has the right to refuse to take you on any call that they feel could endanger you, such as known disease or chemical exposure, violent situations, etc.

Miscellaneous

As an Observer, you are not a member of McGregor Memorial EMS. Under no circumstances can present yourself as being a McGregor member at any time, on or off call. Doing so is grounds for immediate dismissal from the program. Participation in the Observer Program is a privilege. McGregor Memorial EMS and its members reserve the right to refuse to take an observer on a call for any reason. The Executive Committee reserves the right to revoke an Observer's participation at any time. McGregor Memorial EMS is not a UNH-sponsored club or organization.

McGregor Memorial EMS

Mail Address
PO Box 4
DURHAM, NH 03824
www.mcgregorems.org

Formerly Durham Ambulance Corps
**Observer Program Application
and Waiver of Liability**
Membership@McGregorEMS.org

Headquarters
47 COLLEGE RD
EMERGENCY: 911
TEL: 603.862.3674
FAX: 603.862.4415

Name: _____ Date of Birth: _____

Address: _____

Primary Phone: _____ E-Mail: _____

Why do you want to Observe: _____

How did you hear about McGregor: _____

I am a (check all that apply):

- Durham resident
- Lee resident
- Madbury resident
- UNH Student →

Expected Graduation: _____

Do you wish to volunteer?

- Yes, as an EMT (I am an EMT)
- Yes, as an EMT (I'm not one yet)
- Yes, as a non-medical volunteer
- Maybe, I'm not sure yet
- No, I just want to Observe

Do you hold any certification?

- NREMT-Basic
- NREMT-Intermediate
- NREMT-Paramedic
- None
- Other: _____

Have you ever been arrested for or convicted of any crime, other than minor motor vehicle violations?

- No
- Yes, please explain (include dates): _____

I, the undersigned, have requested permission to observe and participate in the activities of McGregor Memorial EMS, including but not limited to, training, response to, and operations at service calls, medical aid, fire, rescue and other emergencies. This permission is granted with the understanding that I do so at my own risk and without remuneration. McGregor Memorial EMS is not responsible for accident, injury, illness, exposure to infectious disease, death or loss or damage to my personal property that may occur within the life of the waiver period; and I understand that there is no accident, worker's compensation, or liability insurance coverage for me while participating with McGregor Memorial EMS.

Therefore I, for myself, my heirs, executors, administrators or assigns hereby waive any or all claims against McGregor Memorial EMS, the Towns of Durham, Lee, Madbury and the University of New Hampshire, and any member or employee therefore, now and hereafter to accrue for, on account of, or because of any illness, exposure to infectious disease, injury, or damage that I sustain because of, in conjunction with, or on account of this observation and participation opportunity given to me for the purpose of professional and personal betterment. I hereby release the above named organizations and individuals from any and all liability for damages for any injury occurring as a result of my voluntary participation. If I have any physical, medical or psychological limitations or problems that may prevent me from fully participating, I will list them below.

Please read each of the statements below and initial to indicate your agreement and understanding.

(initial) I have received a copy of the McGregor Memorial EMS Observer Guidelines, which I have read, understand, and agree to follow.

(initial) Observers are **not** members, volunteers, or employees of McGregor Memorial EMS and may never present themselves as members, volunteers, or employees.

(initial) I understand that the McGregor Observer Program is in high demand and that participation is at the sole discretion of the McGregor management. All Observers will eventually be removed from participation in the program in order to make room for other participants. In the event that I am removed from the Observer Program I can request to be reinstated by contacting the Recruitment Coordinator.

(initial) I understand that any information obtained as an Observer is likely confidential per McGregor policy and federal law. Disclosure of this information to anyone outside of McGregor may subject me to criminal prosecution or a lawsuit. I will direct questions to the McGregor Manager or Membership Coordinator.

Signed: _____ Date: _____

*****[McGregor Staff Use Only]*****

Entered in eSchedule: _____

Entered into Database: _____

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AUTHORIZATION

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as HireRight, Inc., to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only -- You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

I wish to receive a free copy of the report.

Applicant Last Name _____ First _____ Middle _

Social Security No.* _____ Date of Birth* _____

Email Address _____ Phone Number _____

Present Address _____

City/State/Zip _____ From: _____ To: Present _____

Prior Addresses _____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

Driver's License # _____ State: _____

Applicant Signature _____ Date: _____

Para informacion en español, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave., N.W., Washington, DC 20580

Office Use Only –

Report Requested by: _____ Date: _____ Report Level: _____

* This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.



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Background Check Authorization

DISCLOSURE AND AUTHORIZATION FORM

McGregor Memorial EMS, (the "Company") may request background information about you from a consumer reporting agency in connection with your Observer application and / or for employment purposes. This information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment.

HireRight, Inc., or another consumer reporting agency, will obtain the reports for the Company. HireRight, Inc. is located at 5151 California Avenue, Irvine, CA 92617, and can be contacted at 800-490-7983. The reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; credit reports; criminal records checks; public court records checks; driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company at: Chris Lemelin, Membership Coordinator; McGregor Memorial EMS, 47 College Road, Durham, NH 03824. (603) 862-3674. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, New York or Washington applicant, please also note:

CALIFORNIA: Under section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

NEW YORK: You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

WASHINGTON STATE: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

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A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

- ❑ **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- ❑ **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - ❑ a person has taken adverse action against you because of information in your credit report;
 - ❑ you are the victim of identity theft and place a fraud alert in your file;
 - ❑ your file contains inaccurate information as a result of fraud;
 - ❑ you are on public assistance;
 - ❑ you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- ❑ **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- ❑ **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- ❑ **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer agency may continue to report information it has verified as accurate.
- ❑ **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- ❑ **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

McGregor Memorial EMS

- ❑ **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- ❑ **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- ❑ **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- ❑ **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator- GIPSA Washington, DC 20250 202-720-7051