

**Good Samaritan Regional Medical Center**  
**EMT Ambassador Program**  
**Fact Sheet for Phase I**

**Job Description:**

The Ambassador is at an EMT-B at minimum who guides, leads and informs rotators such as other EMT-B and general students within the ED.

**Shift(s):** A minimum of 8 hours per month (one shift).

**Employment Status:** volunteer status with no direct patient care.

**Department:** Volunteer Department

**Supervisors:** Chief of Volunteer Department, EMT Ambassador Director and Medical Director

**Uniform:** GSRMC shirt (provided) with dark pants and shoes (EMS duty crew equivalent).

**Application deadline:** Rolling status

**Requirements:**

Current and valid NYS EMT-B card at minimum

Affiliation with a local EMS corps

Maintenance of good standing with a local EMS corps

Letter of good standing from the Captain of applicant's EMS corps.

Current and valid CPR/BBP certification

2 letters of recommendation

GSRMC requirements:

Volunteer Services requirements

Occupational Health requirements

**Recommended:**

The following FEMA/NIMS courses (<http://www.training.fema.gov/is/nims.aspx>)

IS-100.HCb Introduction to the Incident Command System for  
Healthcare/Hospitals

IS-800.b National Response Framework, An Introduction

IS-860.a National Infrastructure Protection Plan (NIPP)

IS-701.a NIMS Multiagency Coordination System (MACS) Course

IS-704 NIMS Communications and Information Management

IS-200.b ICS for Single Resources and Initial Action Incidents

Prior educator experience

Prior officer experience

**Benefits:**

Free lunch (when on shift in ED only) as per volunteer services

EMS Conference registration paid for:

GSRMC Trauma Symposium

TBD: Pulse check

Ability to earn CME credits

Option to be involved with EMS management

**Note:** Given the large number of highly qualified applicants, all applications will remain on file and revisited when more EMT Ambassadors are required. The selection committee will be comprised of a confidential select group of ED staff. Ernie Stonick and Dennis Mao are NOT part of the selection committee.

**Good Samaritan Regional Medical Center  
EMT Ambassador Program  
Application**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone(s): \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

EMT#: \_\_\_\_\_ (Please choose a level from the drop box)

Local EMS Corps affiliation(s): \_\_\_\_\_

Captain's Name(s)/Agency: \_\_\_\_\_

Shirt Size (Job Shirt):

Jacket Size (Three Season Jacket):

References

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Captain: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature also acknowledges your declination to review letters of recommendations submitted on your behalf.

Checklist:

1. Attach photo ID
2. Attach valid and current CPR card
3. Attach valid and current BBP card
4. Attach valid and current EMT card
5. Complete application
6. Personal Statement (optional)
7. 2 Letters of Reference
8. 1 Letter from your Captain
9. Take a picture (via smart phone or scanner) of all documents and return via email to the following email address: EMS\_Ambassadors@bshsi.org care of Ernie Stonick, Good Samaritan Regional Medical Center, Suffern, NY 10901

**Good Samaritan Regional Medical Center  
EMT Ambassador Program**

**Application**

**Letter of Reference**

Applicants Name: \_\_\_\_\_

The above named individual is applying to be an EMT Ambassador. Your response will be kept confidential. The applicant has waived his/her right to review your recommendation. Please comment on the following:

On a scale of 1 to 5 with 5 being the best (please choose from drop box)

1. Candidates ability to receive criticism:
2. Candidates professionalism:
3. Candidates ability to teach :
4. Candidates interpersonal skill:
5. Candidates ability to manage a project:

Additional comments: \_\_\_\_\_

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Name: \_\_\_\_\_

(print)

(Sign)

Title/Rank/agency: \_\_\_\_\_

Please return to:

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**Good Samaritan Regional Medical Center  
EMT Ambassador Program  
Application**

**Letter of Recommendation Agency Captain**

Applicants Name: \_\_\_\_\_

The above named individual is applying to be an EMT Ambassador. Your response will be kept confidential. Please comment on the following:

On a scale of 1 to 5 with 5 being the best (please choose from drop box)

1. Candidates ability to receive criticism:
2. Candidates professionalism:
3. Candidates ability to teach:
4. Candidates interpersonal skill:
5. Candidates ability to manage a project:
6. Is the Candidate in good standing within your corps?

Additional comments: \_\_\_\_\_

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Name: \_\_\_\_\_

(print)

(Sign)

Title/Rank/agency: \_\_\_\_\_

Please return to:

1. Take a picture (via smart phone or scanner) of all documents and return via email to the following email address: EMS\_Ambassadors@bshsi.org care of Ernie Stonick, Good Samaritan Regional Medical Center, Suffern, NY 10901