



RYESERT

**Ryerson Student Emergency Response Team
Candidate Application Package**

DIRECTOR'S WELCOME

Dear Candidate,

My name is Alex Best, Director of the Ryerson Student Emergency Response Team (RyeSERT). If you are reading this, you've made your first step forward in becoming a member of one of the most advanced student emergency response teams in Canada. I thank you for expressing interest in joining RyeSERT. This team has a proud tradition of upholding its members to great training, respectful attitudes, and good old-fashioned fun. This is an organization that thrives on those who want to help in whatever capacity they can.

The motto of our team is "Students helping Students" and we do this by ensuring all our members are highly trained and confident in their abilities to help others. As such, our executive members are currently scheduling trainings for new members. This training is the foundation for all active members and includes certification as an Emergency First Responder as well as an introduction to team policies and equipment when responding in a medical emergency. The prerequisite for this course is Standard First Aid/CPR "C" or HCP or equivalent. (Which you can take through RyeSERT if needed)

Being a member of RyeSERT offers many advantages but will also require a commitment to attend regular trainings and responding on-call to provide medical coverage at campus events and in the Ryerson residence buildings.

This year, we are lucky enough to have many candidates from different backgrounds and programs. Unfortunately, we have more people interested in the team than we are able to accommodate.

We encourage each candidate to fill out this application package to the best of their ability. Even if you do not make it onto the active on-call team this year, we encourage you to join RyeSERT and come to all the meetings and events that we host. If you have any questions, please e-mail ryesert@ryerson.ca.

Thank you again for your interest.

Best regards,

Alex Best
Director
Ryerson Student Emergency Response Team
(RyeSERT)
www.ryesert.ca
abest@ryerson.ca
C: 647-206-7125

PERSONAL	Surname		Given Name		
	Current Address		Home Phone #	Cell Phone #	
			() -	() -	
	City	Province	DOB (dd/mm/yyyy)	Gender	
			/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	Country	Postal Code	E-mail address		
Important Health Information (allergies, medications, medical conditions, physical weakness, etc.) *Please be descriptive					
EMERGENCY	Relative / Contact Person		Relationship		
	City	Province	Home Phone #	Cell Phone #	
			() -	() -	
Country	Postal Code	Current Address			
RYERSON	Student #		my.ryerson ID	Program Start Year	
	Program		Ryerson E-mail	Expected Program End Year	
		@ryerson.ca			
OTHER	Why are you interested in joining RyeSERT?				
	Please list any previous First Aid/EMS experience				
ADMINISTRATION	I hereby certify that the above information is accurate and correct to the best of my knowledge.				
	Date (dd/mm/yyyy)		Signature of Member		Signature of Executive
	/ /				
	Uniform (FOR OFFICE USE ONLY)				
	Waist Size	Inseam Length	Neck Size	Shirt Size	Other

Confidentiality of Private Information

Members recognize that the provision of health care services generates private patient-related, business/organization and financial information that requires special protection. Members will honour practices to ensure such information is collected, and used appropriately and zealously safeguarded.

I. Patient Information

- A. Members respect the privacy of patients. Members recognize that access to private information is established on a “need to know” basis in accordance with assigned responsibilities
- B. Members are committed to following the Personal Health Information Protection Act and Quality of Care Information Protection Act
- C. Members limit the use and disclosure of health information to the amount necessary to accomplish the intended purpose in accordance with the law
- D. Members must not discuss or post patient information in any public areas
- E. Members are only permitted to discuss patient information if such information is required by another responder or health care professional for the provision of health care to the patient, in accordance with the law
- F. Members are committed to the security and accuracy of documents and records in our possession, and maintain systems, policies and procedures sufficient to safeguard the integrity of documents and records. Members promote the accurate, thorough, detailed, and complete documentation of all patient care

II. University / Organization Information

- A. Members shall exercise care to ensure that confidential and proprietary information is carefully maintained and managed to protect its value
- B. Members shall control and monitor access to electronic mail, voicemail, printed communication and RyeSERT radio communications system, to ensure that such systems are accessed appropriately and used in accordance with the law and Ryerson University's policies and procedures

III. Responder Information

- A. Members shall safeguard the personal information of responders and Ryerson University employees, including medical, human resources and disciplinary information in accordance with the law

Protection and Proper Use of RyeSERT's Assets

- A. All members are expected to take necessary precautions to protect the organization's property
- B. Members are expected to use this property only in the manner and for the intended purpose as authorized by the organization's constitution. Members who wish to use RyeSERT's property for other purposes must first obtain prior express written permission from the executive team
- C. Members are prohibited from the unauthorized use or taking of RyeSERT's equipment, supplies, services, etc.
- D. Prior to engaging in any activity related to RyeSERT, which will result in remuneration to the member and / or organization (I.e. instruction of courses), or use of the organization's equipment, supplies, materials or services for personal or other purposes, members shall obtain the prior written approval from the executive team

I understand that compliance with this agreement is a condition of my continued ability to serve as a volunteer at RyeSERT. I further understand that violation of this agreement may result in disciplinary action, up to and including termination of my volunteer role at RyeSERT, and in accordance with Ryerson University's policies and the law.

Member Surname		Member Given Name	
Date (dd/mm/yyyy)	Signature of Member		Signature of Executive
/ /			

Responder Agreement

I agree to abide by the Ryerson Student Emergency Response Team (RyeSERT) Constitution. Therefore I also agree to follow all RyeSERT's Policies and Standard Operating Guidelines defined by the constitution.

I understand that not following these policies and guidelines established by RyeSERT can be harmful to both myself and my patient.

Therefore I assume full responsibility for consequences that may result from failure on my part to follow these policies and guidelines. I agree to release and indemnify RyeSERT, the Ryerson Student Emergency Response Team, Student Emergency Response Team (RyeSERT), Ryerson University, and the Ryerson Student's Union and their respective officers, directors, employees, and agents and hold them harmless with respect to any failure on my part to follow these procedures and guidelines.

I acknowledge that I must attend as many of the weekley meetings and be available for weekly training in order to obtain an active status on the team. In addition, I understand that RyeSERT expects a high commitment level from members in regards to scheduling shifts. Failure to meet these expectations may result in active status being revoked.

I certify that I have read and understand the above agreement.

Member Surname		Member Given Name	
Date (dd/mm/yyyy)	Signature of Member		Signature of Executive
/ /			

For office use only

PROFILE CHECKLIST

- ◇ On-call Certificate
- ◇ Standard First Aid – Expires: _____
- ◇ CPR C or HCP – Expires: _____
- ◇ Member Information Form
- ◇ Member Agreements
- ◇ Police Vulnerable Sector Check
- ◇ EHS Training Certificate
- ◇ OHS Training Certificate
- ◇ WHMIS Training Certificate
- ◇ Personal Timetable (school, work, etc.)