

**Rushford Community Ambulance Driver Only  
Job Description Policy**

1. Drivers shall have on file the following documents:
  - A. Valid Minnesota Driver's License
  - B. Current AHA Healthcare Provider CPR card
  - C. CEVO, EVOC, or comparable driving class certification of completion
  - D. Rushford Ambulance Volunteer Application
  - E. Follow a probation period which includes assisting both with patient care and driving.
  
2. Responsibilities and Duties:
  - A. Carry Pager and respond when scheduled on call
  - B. Service as Ambulance Driver; the EMT's providing patient care on call will decide the response and transport mode to and from the scene.
  - C. Adhere to alcohol policy. No alcohol or drugs which could impair driving abilities prior to being on call.
  - D. Be willing to cover and act as driver on a regular basis in order to be eligible for annual ambulance reimbursement.
  - E. Maintain current required license and certifications. This may be obtained at regularly scheduled meetings and or approved training events. Service pays training for all approved training,
  - F. Help crew as directed with equipment and patient care. The driver should be familiar with equipment location and use check list and training meeting to do this.
  - G. Have a general idea of the PSA and mapping system.
  
3. Benefits/stipend, reimbursement
  - A. Qualify for State Longevity Award Program (Cooper/Sams) if actively volunteering and regular basis.
  - B. Attends continuing Educations offered during the bi-monthly training meetings
  - C. Attends EMS conferences.
  - D. Receives run pay when responding to all ambulance calls.
  - E. Receives meetings pay for attending EMS training meetings.
  - F. Periodic clothing award.

I have read and understand the driver job description policy of the Rushford Community Ambulance Service. If at any time I fail to comply with the agreement, I agree to voluntarily terminate (turn in pager, key and clothing) my association with the ambulance service without any further action. All information gathered will be reviewed by the EMT committee and manager. These individuals will document the investigation and determine what corrective actions will be taken. This may include, but not limited to suspensions or termination of employment. Under no circumstance will retaliation or intimidation of a complaint be tolerated.

Signature \_\_\_\_\_ Date \_\_\_\_\_