

Applicant/Pre-Probationary Member Handbook

This handbook belongs to: _____

Your Membership Committee contact is: _____

You may reach them by: _____ (email)

_____ (phone)

Charlottesville – Albemarle Rescue Squad, Inc.

Volunteers Serving the Community Since 1960

Dear Applicant,

This manual has been developed to provide you with information about the organization and to help guide you through the applicant process. **You are expected to read and be familiar with the material and to comply with the procedures set out in this manual.** You have been assigned a committee member as a contact person to help you should you have any questions.

Charlottesville-Albemarle Rescue Squad is a busy organization that relies on its members making a 150% contribution. Membership requires time, dedication, and effort. It is physically and mentally exhausting. It requires a minimum of 12 long, hard hours each and every week, sometimes more. We provide service 24 hours a day, seven days a week – nights, weekends, holidays, and summer vacation included. Should your assigned crew be scheduled for a holiday, you will be expected to be on-duty. You will be required to maintain and improve your skills. This requires attending training meetings and mandatory skills drills. You will be provided the opportunity to advance your level of training, join specialty teams, and participate in squad family activities. We are a family and we are here to help you make the most of your time here while providing service to the community.

Please consider the commitment required. Many well meaning people want to help and contribute to the community, but do not have the required time to devote to be a member of the Rescue Squad. Please do not start the process if you--

- * are physically unable to meet the rigors of the service or are unable to perform all the job tasks as set forth
- * believe that you can be a member but not do all that is expected of you
- * have multiple obligations or hobbies that will continually conflict with your attendance and responsibilities
- * are unable or unwilling to follow the organization's rules and protocols
- * expect to the rules to be changed to accommodate your schedule
- * are unable to be a member of a group without being disruptive or causing conflict
- * believe that your needs outweigh the needs of the public
- * think people will consider you a hero

People that have some of the above traits do not do well in the culture of this organization. If you recognize that you have these traits please understand that you will have to work hard to be successful here.

Traits that successful members have include--

- * They are friendly and treat each patient as if they are their family member
- * They take pride in the appearance of their ambulance
- * They look for ways to exceed the patient's expectations
- * They are professional in appearance and act
- * They are energetic
- * They look for ways to do more than the minimum
- * They continually seek to advance their knowledge
- * They derive satisfaction from a job well done
- * They understand that the most dangerous thing we do is ride in an emergency vehicle with red lights on
- * They love the area and want the residents and visitors to feel well-served by the Squad

We want you to be successful and enjoy the service. If I (or other officers) can be of help to you please let me (us) know. Thank you for your interest and effort.

Sincerely yours,

Lair Dayton Haugh

Chief (chief@rescue1.org, 434.296.4825x101)

Do Rescue Squads do all patient care?

Like most other places, a **system** has evolved that includes the 9-1-1 center, first responders and other agencies.

The Charlottesville-University of Virginia-Albemarle County Emergency Communications Center, located on Ivy Road next to the UVA Police Department, dispatches all emergency calls for this area. When a call requesting rescue squad assistance is received, the call taker asks specific questions based on the caller's problem and determines the level of response necessary based on protocols. These protocols were established by representatives of the rescue squads and fire departments, in conjunction with the operating medical director (OMD). They also provide pre-arrival instructions (like how to do CPR). *An excellent way to learn more about ECC is to spend some time there. Ask your crew captain to arrange a time for you and some of your crew members to observe at ECC.*

The dispatcher then sets off the tones by radio. Each tone reflects an apparatus or a specially requested personnel or a message. After the alert tones, the units, the location, the nature of call, and suggested response level will be given. If the C-ARS tones are used, the lights will turn on in the dorm, and an alert is set off throughout the building. The appropriate crew must then mark responding as quickly as possible. *Ideal response times between dispatch by ECC and response by the crew should be within one minute during the day and within two minutes at night.*

What is a "First Responder?"

Certain dispatch protocols will have a first responder agency alerted to respond along with the rescue squad. More serious injuries, motor vehicle accidents, cardiac arrests, chest pain, difficulty breathing and seizures will usually have a first response. Frequently fire agencies are closer than we are and can get there and provide initial stabilization that can save a life, i.e., using the AED.

First Responders include:

* Charlottesville Fire Department (CFD)

The city is served by a career department operating from three stations (CFD HQ on Ridge St, Station 1 on the 250-bypass, Station 10 on Fontaine Ave). Each piece of apparatus is staffed with EMTs and at least one ALS provider when available and all units carry ALS medical equipment. By protocol, CFD is simultaneously dispatched with CARS on motor vehicle accidents, and all trauma and medic level calls. Rescue squad personnel may request their assistance at any time.

Recently, CFD and CARS began a partnership in which CFD provides 2 medics to help staff units at CARS from 0700-1730.

* Albemarle County Fire and Rescue (ACFR)

ACFR is the county career department that staffs an engine at Seminole Trail (Station 8 on Berkmar Drive), Earlysville (Station 4 on Reas Ford Rd), Stony Point (Station 6 on Stony Point Rd), and East Rivanna (Station 2 on Steamer Dr) during daytime hours for non-holidays, weekdays. These career personnel provide both BLS and ALS care. They also staff a medic unit at Scottsville Rescue Squad during non-holidays, weekdays. At all other times, these stations are staffed by volunteers.

As of 2013, ACFR staffs a medic unit at Monticello (Station 11, ACFR's first 24-hour career staffed station), Hollymead (Station 12), and Seminole Trail (Station 8) 24/7/365. They staff a medic unit at Pantops (Station 16 (to be built, temporary at Martha Jefferson Hospital)) and Ivy (Station 15) as well as jump staff the medic unit at Earlysville (Station 4) during non-holidays, weekdays. ACFR also staffs an engine at Monticello, Hollymead, and Ivy 24/7/365 and staffs the medic unit at Ivy at nights and holidays when staffing allows it.

North Garden (Station 3), Crozet (Station 5) Fire Department, and Scottsville (Station 7) Volunteer Fire Department are staffed by volunteers 24/7/365 along with Western Albemarle Rescue Squad in Crozet (Rescue 5).

* Charlottesville and Albemarle County Police Departments

The city and county police are dispatched to assist the rescue squads according to protocol. In the event of a possible unstable scene (domestic violence, disorder, etc.), the squad unit will await the arrival of police to secure the scene.

* Charlottesville and Albemarle County Sheriff's Office

The Albemarle County Sheriff is responsible for courtroom security and has several AEDs which they may use in cardiac arrest calls in and around the courthouse.

* University of Virginia Police

The University Police respond to any 9-1-1 call on University grounds, including fire and rescue calls.

Who else is involved?

Other local system members include:

* Other Rescue Squads

The counties surrounding Albemarle all have volunteer rescue squads. Some also have some supplemental career staffing – Augusta, Orange, Madison, Louisa, Greene and Buckingham. The latter two are supplemented by UVA personnel. On occasion, we will be called upon to provide mutual aid to these outlying agencies.

* Pegasus

The University of Virginia Medical Center operates an aeromedical and ground critical care transport service both adults and pediatrics. While we are frequently too close to the hospital to justify air transport, there are places where it is appropriate. The helicopter is requested through Med-Com.

* UVA Emergency Ground Transport (old "Medic 5")

The University of Virginia Medical Center operates both BLS and ALS ambulances that transport patients around the hospital campus. They are also responsible for 9-1-1 response to buildings affiliated with the medical center. CARS and Medic V also have a mutual aid agreement. Under that agreement we will respond for them when they are busy and they may respond to ALS calls in the urban area for us when we are busy.

* University of Virginia (UVA) Medical Center

The UVA Medical Center operates a Level I trauma center. Such designation means that the emergency room is appropriately staffed and equipped to handle major trauma patients 24

hours per day. The medical center also operates specialty units in burn care and neonatal medicine.

* Martha Jefferson Hospital (MJH)

The Martha Jefferson Hospital operates a 24-hour emergency room. Although smaller, MJH can handle most medical complaints, as well as limited trauma. Due to an inability to handle certain calls requiring Level I care, patients are occasionally diverted to UVA Medical Center. *If you have a serious trauma patient or an injured person that may have a head injury, you should always call ahead to be sure the patient can be seen there.*

* Martha Jefferson Urgent Care

Located on Proffit Road, it is a 24-hour free-standing emergency room. It can handle most medical complaints with the exception of a known STEMI (ST-segment Elevation Myocardial Infarction) among a few others. *If you are unsure if a patient can be seen here, call ahead.*

* "MedCom"

The University Medical Communications Center, referred to as MedCom, is the center for medical control maintained by the University of Virginia Medical Center. Med-Com is the reception point for radio traffic regarding patients transported to UVA Medical Center by rescue squads. Med-Com is also the source of medical control for all ALS units operating in the area. Emergency medicine residents give orders for various medical procedures to be administered in the field. MedCom is also designated as the Regional Communications Center in a disaster, during which they will determine regional hospital bed availability.

What kinds of vehicles respond?

Depending on the type of call dispatched and therefore the equipment needed, CARS may respond in one or more of the following units:

- Ambulance: a patient carrying vehicle equipped with medical and communications equipment with minimum staffing by an EMT.
- Trauma: an ambulance equipped with medical and communications equipment with minimum staffing by an Advanced EMT. (formerly known as EMT-Enhanced or EMT-Shock Trauma)
- Medic: an ambulance carrying specific ALS equipment with minimum staffing by an EMT-Intermediate or Paramedic. (formerly known as EMT-Cardiac Tech)

- Squad: a unit containing light to heavy rescue equipment used for special situations, such as automobile accidents with patients entrapped, but not used to transport patients. (*We tell the kids "it's a big tool box on wheels"*)
- Car: a quick-response vehicle containing medical equipment, but not used to transport patients. Is always referred to as a "Car" on the radio no matter what level of care the driver can provide.
- Water Rescue: a unit containing specialized equipment for water/dive rescue.
- Logistics: a unit carrying mass casualty response and associated supplies.
- Utility: something other than the above, like the pick-up truck used to tow the trailers.

**PRE-PROBATIONARY MEMBERS ARE NOT PERMITTED TO DRIVE AMBULANCES
OR HEAVY SQUAD VEHICLES OR TALK ON THE RADIO AT ANY TIME**

(The senior squad member on the scene MAY direct that the pre-probationary member to drive a zone car from the scene of a call to a specified location if he or she deems that necessary. If this happens, make sure you know directions to the hospital from where you are.)

Who "runs" the Squad?

There is an administrative branch and an operational branch.

Like all *businesses* we have an **EXECUTIVE** branch - a Board of Directors who make business decisions, and a President, Vice-president, Secretary and Treasurer. The *President* is elected by the membership each June. He or she then selects the other administrative persons with the Board's approval. These persons are responsible for the annual fund drive, receipt and payment of bills, approval of purchases, and such things.

We also have an **OPERATIONAL** branch. The **Chief** is responsible for the day-today operations of the Squad. He or she appoints the other *Line Officers* to assist: *Assistant Chief*, *Deputy Chief - Nights* (who schedules night and weekend crews), and the *Deputy Chief - Days* (who schedules day crews). In addition, the Chief appoints a *Deputy Chief - Special Operations*, a *Special Events Captain* (who schedules stand-by activities), a *Supply Sergeant*, a *Fleet Operations Officer*, a *Water Rescue Captain*, a *Technical Rescue Captain*, and a *Vehicle Rescue Captain*. As you might notice, there are many specialty teams and support functions.

Each of the five-day crews and eight night and weekend crews has a **Crew Captain**. The crew captain is an active member that has shown the ability to oversee the functions of the duty crew. He or she is responsible for maintaining the crew's schedules, handling minor operational problems, completing assigned chores, and other duties as needed. While on duty, the crew captain is the officer in charge. The radio designation for the CARS crew captain is *CAPTAIN-1*. If absent, another senior member will be designated to assume the responsibility.

The Chief can't be around all the time. The **Duty Officer** is the Chief's designee to provide assistance in his or her absence. If the Crew Captain needs assistance with a problem or if a major incident occurs in the CARS response area, the Emergency Communications Center (ECC) will page the *Duty Officer*. The duty officer is one of the line officers or another designated senior member. He or she often responds to the scene of major incidents, directing operations as necessary. The radio designation for the CARS duty officer is *DUTY-1*.

All members are expected to be familiar with and follow the chain of command. The Standard Operating Guidelines (SOG) regarding *Chain of Command* (SOG #1.9) can be found at <http://carsrescue.org/wp-content/uploads/2012/Downloads/1.9.pdf>

What does a volunteer do? What will I be expected to do?

There are national standards for what an Emergency Medical Technician must be able to do. The following is a position description for the Emergency Medical Technician (EMT) within the Atlantic EMS Council states (including Virginia). This identifies the expectations, competencies and tasks expected of the EMT.

The Emergency Medical Technician must demonstrate competency in handling emergencies utilizing basic life support equipment and skills in accordance with the objectives in the U.S. Department of Transportation National Standard Curriculum for EMT to include having the ability to:

- verbally communicate in person, via telephone and telecommunications using the English language.
- hear spoken information from co-workers, patients, physicians and dispatchers and in sounds common to the emergency scene.
- lift, carry and balance a minimum of 125 pounds equally distributed (250 pounds with assistance) a height of 33 inches, a distance of 10 feet;

- read and comprehend written materials under stressful conditions;
- document, physically in writing, document physically patient information in prescribed format;
- demonstrate manual dexterity and fine motor skills, with ability to perform all tasks related to quality patient care in a safe manner;
- bend, stoop, crawl, and walk on uneven surfaces;
- meet minimum vision requirements to operate a motor vehicle within the state.

Description of Tasks

- Receives a dispatched call, verbally acknowledges the call, reads road maps, identifies the most expeditious route to the scene, and observes traffic ordinances and regulations.
- Upon arrival at the scene, ensures that the vehicle is parked in a safe location. Safely performs a size-up to determine scene safety including the presence of hazardous materials, mechanism of injury or illness, and the total number of patients. Performs triage and requests additional help as necessary.
- In the absence of public safety personnel, takes safety precautions to protect the injured and those assisting in the care of the patient(s).
- Using body substance isolation techniques, protects the patient(s) and providers from possible contamination.
- Inspects for medical identification emblems, bracelets or cards that provide patient emergency medical care information.
- Determines nature and extent of illness or injury, checks respirations, auscultates breath sounds, takes pulses, auscultates/palpates blood pressure (including proper placement of the cuff), visually observes changes in skin color, establishes priority for emergency care. Based on assessment findings renders emergency care to adults, infants and children.
- Skills performed include but are not limited to: establishing and maintaining an airway, ventilating patients, cardiac resuscitation, use of automated external defibrillators where applicable. In addition, provides prehospital emergency care of single and multiple system trauma such as controlling hemorrhage, bandaging wounds, treatment of shock (hypoperfusion), spinal immobilization and splinting of painful swollen or deformed extremities.
- Manages medical patients to include, but are not limited to:
 - assisting in childbirth, management of respiratory, cardiac, diabetic, allergic, behavioral, and environmental emergencies and suspected poisonings.

- Performs interventions and assist patients with prescribed medications, including sublingual nitroglycerine, epinephrine auto injectors, and metered dose aerosol inhalers observing safety measures for others and self.
- Responsible for the administration of oxygen, oral glucose, and activated charcoal.
- Reassures patients and bystanders by working in a confident, efficient manner.
- Functions in varied environmental conditions such as lighted or darkened work areas, extreme heat, cold and moisture.
- Performs in situations that create stress and tension on a regular basis.
- Where extrication is required, assesses extent of entrapment and provides all possible emergency care and protection to the patient. Uses recognized techniques and equipment for removing patients safely (to include proper strap placement) Communicates verbally for additional help as needed.
- Complies with regulations for the handling of crime scenes and prehospital deaths by notifying the appropriate authorities and arranging for the protection of property and evidence at that scene.
- Lifts and moves patients into the ambulance and assures that the patient and stretcher are secured, continues emergency medical care enroute in accordance with local protocols.
- Determines most appropriate facility for patient transport.
- Reports to the receiving facility the nature and extent of injuries and the number of patients being transported.
- Observes patient enroute and administers care as directed by medical control or local protocol. Able to maneuver to all points in the patient compartment while transporting with a stretchered patient. Assists in lifting and carrying patient and appropriate equipment from ambulance and into receiving facility.
- Reports verbally and in writing, observations and emergency care given to the patient at the scene and in transit to the receiving staff for record keeping and diagnostic purposes. Upon request, provides assistance to the receiving facility staff.
- Disposes of contaminated supplies in accordance with established guidelines, decontaminates vehicle interior, sends used supplies for sterilization.
- Maintains ambulance in operable condition, which includes cleanliness, orderliness, and restocking of equipment and supplies. Determines vehicle readiness by checking oil, gas, water in battery and radiator, and tire pressure.
- Checks all medical equipment for future readiness. Maintains familiarity with all specialized equipment.

- Attends continuing education and or refresher training programs as required by EMS agency, medical direction, and/or certifying agency.
- Meets qualifications within the functional job analysis of the EMT.

In addition to the above tasks, members are expected to follow the squad's—

* Standard Operating Guidelines regarding *Squad Member Responsibilities* (SOG #1.8) which can be found at <http://carsrescue.org/wp-content/uploads/2012/Downloads/1.8.pdf>

* Standard Operating Guidelines regarding *Shift Staffing and Attendance* (SOG #1.6) which can be found at <http://carsrescue.org/wp-content/uploads/2012/Downloads/1.6.pdf>

* Standard Operating Guidelines regarding *Dress Code and Appearance* (SOG #1.7) which can be found at <http://carsrescue.org/wp-content/uploads/2012/Downloads/1.7.pdf>

APPLICATION PERIOD

What is the application period?

The application period is designed to introduce persons to the provision of emergency medical services while exploring the possibility of becoming a member of the Charlottesville-Albemarle Rescue Squad. An applicant is considered a "member" only to the extent that they are covered by the squad's insurance. Otherwise, you are not a member and should not represent yourself as such. *Membership, if granted, is at-will, and may be terminated at any time, with or without cause, and with or without notice. All rules, regulations, policies and procedures may be amended or modified at any time.*

What is the application process?

You must first submit a **COMPLETE** application, with all required attachments (understandably your reference letters may come separately, but the other required information must be included).

You must then attend the next Membership Committee Orientation. Orientations are held at 6:15 p.m. at the McIntire building on the Monday before the first Tuesday of each month. This means that some meetings will be on the last Monday of the month, and some will be on the first Monday of the month.

You will be assigned to observe for a minimum of two months, with two different crews. During that time you will be expected to:

- Report on time in proper dress.
- Advise the Crew Captain of your arrival.
- Help check and clean a truck.
- Display the ability to work well with a variety of different people.
- Show respect for patients, family members, bystanders, squad members, and other EMS system participants.
- Maintain patient confidentiality at all times.
- Remain calm in stressful situations.
- Identify your own learning needs and work with their preceptor to improve them.
- Solicit and receive feedback in a constructive manner and modify behavior according to that feedback.
- Participate in crew activities such as chores and training without the necessity of direct supervision.
- Attend monthly business and training meetings the second Thursday of each month at 7:00 p.m., and participate in stand-bys when possible.

A quick note about attendance: **It is required.** If you do not attend you will not be granted membership. If you become a member, you still must attend, but there are provisions for you to arrange to have your shift covered by another member. Since you are being evaluated for membership, applicants must attend ALL their assigned shifts. We will do all we can to work around an applicants conflicts in making applicant assignments, but if you have an extraordinarily chaotic and contorted schedule there may be no way to schedule you.

What things am I NOT expected to do?

- **Drive: *APPLICANTS ARE NOT PERMITTED TO DRIVE ANY AMBULANCE OR HEAVY SQUAD VEHICLE OR TALK ON THE RADIO AT ANY TIME.*** (The senior squad member on the scene MAY direct that the pre-probationary member drive a zone car from the scene of a call to a specified location if he or she deems that necessary).
- **Greet Visitors:** The public is to be greeted at the front door by a member. The member should try to assist the visitor in any way possible. If the visitor has questions regarding the operation of the Rescue Squad, he/she should be referred to the Crew Captain. It is

not advisable for applicants who have little knowledge of the squad to try to assist visitors.

Similarly,

- **Answer the Telephone:** Applicants are not permitted to answer the phone, for the same reason that you should not try to help visitors. You should not advise people to call you at the squad unless it is extremely important, and even then not after 2200 unless it is a true emergency. If you have a cell phone you are free to use it, of course, except that you should not make or receive calls while you are on a call.
- **Have Personal Visitors:** Applicants are not encouraged to invite people down to visit while in the application period without first discussing it with the crew captain. You should be concentrating on squad functions. The Crew Captain is responsible for the actions of all persons in the building and has the right to ask a person to leave if necessary.
- **Use Squad Equipment (without asking):** Provided it does not interfere with the activities of the duty crew and subject to the on-duty Crew Captain's approval, each member has access to the following facilities:
 1. Wash bay— to wash, vacuum, and wax personal vehicles.
 2. Laundry room— to use the washer and dryer.
 3. Ice machine— ice may be taken for personal use, but please leave a sufficient amount for the on-duty crew, especially in hot weather.
 4. Computer/printer lab— for writing papers, etc.

As an applicant you may use these facilities also—as long as it does not interfere with anyone else. If in doubt ask the Crew Captain.

What are the crew schedules?

CARS runs predominately fixed schedules.

Day Crews.

- The five fixed Day Crews (Monday, Tuesday, Wednesday, Thursday, Friday) begin duty at 0630 and are released at 1730.

Night and Weekend Crews.

- Sunday Day Crew runs every Sunday from 0800 to 1730.
- Sunday Night Crew runs every Sunday from 1730 to 0630.
- Four night crews (Monday Night, Tuesday Night, Wednesday Night, and Thursday Night) run from 1730 - 0630 their respective night; Friday Night crew runs from 1730 - 0800; and every

sixth week each will run Saturday 0800 to Sunday 0800 in place of their normal shift. On the week that crew runs the 24 hour Saturday, Rotating crew runs their usual shift.

- Rotating crew runs every sixth night (or Saturday 0800 - Sunday 0800 if that be the day)

What to do now?

- **Get on the "CARS-OBS-PROBIES" Mailing List (powered by Google Groups):** This list is maintained by Carrie Foster. Once subscribed, you can send emails to other applicants and probationary members and will receive other messages sent to the group. Send an email to caf2kg@virginia.edu if you did not receive an invitation to join.

- **Affiliate your VA EMT-B Certification with CARS:** If/Once you are certified, login to the Virginia OEMS website at <https://vdhems.vdh.virginia.gov/dedweb/main.startup> and request an agency affiliation with "Charlottesville-Albemarle Rescue Squad." Once your request has been submitted, you will need to be approved by our Training Officer.

How do you decide if I become a member?

You will be expected to have the Crew Captain or a person assigned by the Crew Captain complete a *Performance Evaluation* for each month you observe. The purpose of the evaluation is to give both you and the Membership Committee information on whether or not you meet the expectations of the organization. If you are unable to meet expectations during the application process you will not be granted membership.

You must also complete the Applicant's Checklist during this time period.

At the end of the two (2) months, the evaluations and checklist should be turned into the Membership Committee box (you should keep a copy for yourself). You should attend the Membership Committee meeting at the end of your second month if requested because the Committee will be reviewing your evaluations and checklist and may have questions for you. If you do not attend then you waive your opportunity to respond to any matters raised in the evaluations or checklist.

IT IS YOUR RESPONSIBILITY TO ENSURE THAT THE COMPLETED FORMS ARE SUBMITTED TO THE MEMBERSHIP COMMITTEE AND TO ATTEND THE COMMITTEE MEETING IF REQUESTED.

IF YOU FAIL TO TURN IN THE NECESSARY PAPERWORK THEN YOU MAY HAVE YOUR APPLICATION DENIED WITHOUT FURTHER NOTICE TO YOU.

Occasionally you may have a problem getting an evaluation because the task has been delegated to a member that you cannot find. If this happens please contact your committee contact so they may help you. *The key to being a successful applicant is communication with your Membership Committee contact if you have a problem or a question not answered by this manual.*

If the Membership Committee finds your evaluations and checklist acceptable, they will recommend your acceptance as a probationary member. The Committee will make that recommendation to the Board of Directors at the meeting held the first Tuesday of each month. The Board must act on the Committee recommendation for it to be official.

Once a probationary member you will be assigned a "permanent" crew – one that you will stay with. (Crew assignments are never "permanent" because you may be moved from crew to crew as the squad's staffing needs change or based on your schedule).

The *Probationary Member Manual* that gives information about the probationary membership period as well as information about becoming released as an attendant-in-charge.

Thank you for your interest!

Helpful Names To Know

Chief	Dayton Haugh, R-101
Assistant Chief	Ben Sojka, R-102
Deputy Chiefs of Nights	Alex Belgard, R-104 (FNC, SDC, SNC, MNC) Colby Rountree, R-105 (TNC, WNC, RNC, ROT)
Deputy Chief of Days	Alex Patton, R-103
President	Michael D. Berg
Vice President	Ron Williams
Secretary	Open
Treasurer	Gin Schult
Membership Committee	*Olivia Baumann, Full Member Coordinator (ohb6cw@virginia.edu) * Carrie Foster, Pre-Probationary Member (Applicant) Coordinator (caf2kg@virginia.edu) * Brittany Moncure, Recruitment & Community Outreach Coordinator (blm5tr@virginia.edu) * Noopur Tripathi, Probationary Member Coordinator (nt4m@virginia.edu) * Ellen Bradley, Associate Member Coordinator (emb151@yahoo.com)
Clinical Review and Training Committee	* Andy Young, Training Officer (ayoung434@gmail.com) *Tom Joyce, Deputy Training Officer *Andrew Alberter *Chrissy Oetjen *Schuyler Wong *Jon Howard *Om Evani
Operational Medical Directors	*Dr. Jeff Young, Operational Medical Director (OMD) *Dr. Forrest Calland, Associate OMD
Special Events Captain	Darryl Mason (specialevents@cwillerescue.org) *Margaret Zhou (mz4gx@virginia.edu) (uniforms@rescue1.org) *Alex Patton (alexanderpatton@gmail.com)
Quartermaster/Uniforms Sergeants	
Infection Control Officer	Andrew Getty (andrew.getty@gmail.com)

Crew Captains

Monday Day

Tuesday Day

Wednesday Day

Thursday Day

Friday Day

Shanice Artis (sga5kf@virginia.edu)

Olivia Baumann (ohb6cw@virginia.edu)

Darryl Mason (dvm3fe@virginia.edu)

Om Evani (oae2zh@virginia.edu)

Adam Carter (arc7kd@virginia.edu)

Sunday Day

Sunday Night

Monday Night

Tuesday Night

Wednesday Night

Thursday Night

Friday Night

Rotating

Andrew Alberter (aaa5bq@virginia.edu)

Carrie Foster (caf2kg@virginia.edu)

Shanice Artis (sga5kf@virginia.edu)

Sam Bubernak (smbbrnk819@gmail.com)

Jenn Mansour (jdm4at@virginia.edu)

Nichole Gerber (nlg2pe@virginia.edu)

Liz Davis (ecd5fd@virginia.edu)

Riley North (rjn3ug@virginia.edu)