

Good Neighbour Medical Responder Application Instructions

If you are interested in becoming a Good Neighbour Responder you will require the following things:

- 1) A completed application form (below)
- 2) Copies of any valid certifications you are applying with
- 3) A completed Police Records Check with Vulnerable Sectors (you may use an existing PRC if issued in the last year)
 - a) Under "Name of the Organization" write "Good Neighbour Medical"
 - b) Under "Title/Purpose of the Position" write "Good Neighbour Medical Responder"
 - c) Under "Details regarding the responsibilities towards Vulnerable Person(s)" write "First Aid"

Send all items to:

Inquiry@GoodNeighbourMedical.com



Good Neighbour Medical Application

*Full Name:		Main Contact Info	
*DoB(DD/MM/YYYY)		*Primary phone:	
*Address Line 1		Alternate phone:	
Address Line 2		Other phone:	
*City or Town		Emails	
*Province/State/Territory		*Primary Email:	
*Postal Code		Secondary Email:	

* indicates a required field

Do you wish to have your information included in the emergency aid mapping program where local Emergency Managers can request information on Good Neighbour Medical Responders in their area? *Circle one. YES or NO	For Office use only	
	Application Date:	
	Application Status:	Recived In Progress Accepted
	Member Number:	

Certifications and/or Licenses:

Provider		Provider	
Certification		Certification	
Issue date		Issue date	
Expiry Date		Expiry Date	
*Certification Number		*Certification Number	
Provider		Provider	
Certification		Certification	
Issue date		Issue date	
Expiry Date		Expiry Date	
*Certification Number		*Certification Number	
Provider		Provider	
Certification		Certification	
Issue date		Issue date	
Expiry Date		Expiry Date	
*Certification Number		*Certification Number	

*If no Certification Number is available please provide the Instructor ID#, please include photocopies of all certifications listed

References

Professional Reference		Character Reference	
First Name		First Name	
Last Name		Last Name	
Relationship to you		Relationship to you	
Contact Info		Contact Info	

Both reference fields must be complete. Please note your references will be contacted and should be aware of this application.

In consideration of being permitted to act on behalf of Good Neighbour Medical as an edorsed first aid provider for two years from the date below, I, (the 'Releasor') WAIVE, RELEASE, and DISCHARGE Good Neighbour Medical, its owners, officers, directors, employees, members, volunteers, agents, assigns, legal representatives and successors, and all business associates and partners involved in the presentation of the above noted activity and each of them their owners, officers, and employees, from all liability for or by reason of any damage, loss or injury to person and property, even injury resulting in the death of the Releasor, which has been or may be sustained in consequence of the Releasor's participation in the activity described above, and notwithstanding that such damages, loss, or injury may have been caused solely or partly by the negligence of Good Neighbour Medical.

Signature:		Date:	
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I _____, swear to adhere by the following rules as well as within the constraints of federal, provincial, and local laws, and within the boundaries of my certification/license, experience, and abilities.

1. Identify yourself as a first aider, or as a Good Neighbour Medical Responder, unless you are a healthcare professional and wish to use that title
2. Treat each situation as you are trained to do, do not practice outside your training and comfort
3. You are not required to provide first aid as a Good Neighbour Medical Responder, however once you agree to provide care; you are required to continue if it is safe for you to do so, or until you hand over care to someone of higher or equal training
 - a. Some certifications and/or local laws may require you to do otherwise. Familiarize yourself with them if applicable. Residents of Quebec, please review your local laws.
4. Never put the safety of yourself or anyone else in jeopardy to assist someone
 - a. Do not open your door to anyone you feel unsafe towards, or that you do not know
 - b. Good Neighbour Medical Responders under the age of majority are encouraged to always have a parent/guardian present when displaying their sign and when administering first aid
5. Advise people to call 9-1-1 before seeking your aid if emergency services are required
 - a. When in doubt, call 9-1-1, you can never be held responsible for any costs associated with emergency services if they are not abused
6. Keep yourself protected when providing care; always wear gloves, and any other personal protective equipment as required
7. Only have your sign up when you are home and available to assist
8. Always obtain consent before touching a patient or providing first aid
 - a. In the event of a child or person whom does not have the capacity to provide consent, obtain consent from a parent and/or guardian before providing care
 - b. Exceptions to this rule include if the patient is unconscious (consent is implied) or if no parent/guardian is available and the care is a life-saving act
9. Do not ask for any payment in return for your services. You may be removed from the Good Neighbour Medical program.
 - a. If a person wishes to thank you, encourage them to use the website to donate in your name
10. You may not provide or administer any medication
11. You are not required to assist beyond what has been outlined above, and in the event of a person seeking additional aid, you may not provide recommendations as to places to seek that support
12. You may not diagnose any injury or medical condition and are not a replacement for any healthcare professionals
13. You may not transport anyone to medical care, instead dial 9-1-1

X

Signature

Date