


SARATOGA COUNTY EMT CAREER PATHWAY

Emergency Medical Technicians are vitally important to all of our communities. If you're interested in going into the medical services field, this program will help you gain real world experience to become an EMT while also earning college credits toward a post-secondary certification or degree to become a paramedic, nurse or doctor. Best of all, it's free!





SARATOGA COUNTY EMT CAREER PATHWAY

WHO: Shenendehowa students 17+ participating in Healthcare Career Courses or students interested in becoming an EMT.

WHAT: Become a certified EMT while earning 7 college credits at Hudson Valley Community College! Training will include lecture, laboratory, and observation time.

WHERE: Lecture and lab at the HVCC TEC-SMART campus in Malta. Ten Hour observation coordinated with Clifton Park-Halfmoon EMS.

WHEN: Monday through Thursday, June 27 to September 8, from 9AM to 1:30PM. The written NYS Certification Exam is 2 weeks later.



Why become an EMT?

- Free Classes with Saratoga County EMS Career Pathway Program - **NO DEBT!**
- Rewarding Career
- Increased Career Skill set
- Meaningful Work Every Shift
- Defined Career Pathway for Medical Field
- Flexible Schedules
- In-Demand Career
- Give Back to Your Community

Saratoga County Employment & Training announces EMT Career Pathway for youth

Born from a collaboration with the Town of Clifton Park, Clifton Park-Halfmoon EMS, Hudson Valley Community College, Shenendehowa High School, and Career Jam, we are pleased to announce the details of our EMT Career Pathway pilot program.

Who:

Shenendehowa students 17+ participating in Healthcare Career Courses or students who are interested in becoming an EMT while attaining college credits and paving a medical career pathway. Qualifying students can participate in lectures and labs prior to turning 18, but must be 18 at the time of NYS Certification exam.

What:

Qualified participants will be enrolled students at Hudson Valley Community College and have earned 7 college credits at completion of the program. Training will include lecture, laboratory, and observation time.

Where:

Lecture and laboratory time will take place at the HVCC TEC-SMART campus in Malta. 10 Hour observation time will be coordinated with Clifton Park-Halfmoon EMS.

When:

The program kicks off on Monday, June 27th, 2022 at 9am. The class will run every Monday-Thursday from 9am to 1:30pm until September 8th. The written NYS Certification exam will take place 2 weeks later.

Why:

Emergency Medical Technicians are vitally important to all of our communities. EMS agencies locally and nationally are facing current staffing issues but are also seeing a crisis on the horizon. With an increase in need and a decrease in available workforce, many agencies will struggle to serve communities at the levels they have in the past. This program will target individuals with an interest in the medical services field who plan to enter the workforce while working towards post-secondary certifications and degrees. The importance of enrollment with Hudson Valley Community College is to place the framework for continuous learning and paving a career pathway to paramedic, LPN, RN, or even a medical doctor.

How:

The cost of training/tuition, books, supplies, transportation, and technology all represent barriers that many students face when deciding on their next steps. This program is intended to support students through the whole process. Tuition, books, supplies, tutoring, and support services, will all be provided to help our participants be as successful as possible.

Saratoga County EMT Career Pathway Program Application

You MUST fill out ALL sections of the application form to be considered.

(PLEASE BE SURE TO WRITE NEATLY SO WE CAN READ EVERYTHING ON YOUR APPLICATION)

Today's date is: ____/____/2022

Full Name _____ Social Security Number ____/____/____

Address _____
(Street) (City) (Zip Code)

Town you live in if different from your address: _____

Your Home Phone #: _____ Your Cell Phone #: _____

Parent/Guardian Phone #: _____ Email: _____

Additional way to contact you (phone, email, fb messenger, etc.): _____

Birth Date: ____/____/____ How old are you right now? ____ Gender: _____

If you are a male, 18 years old or older, have you registered with selective service? Yes No

ELIGIBILITY QUESTIONNAIRE (ALL Questions MUST Be Answered To Be Considered!) IF UNDER 18

How many immediate* family members live in the applicant's home (incl. applicant)? _____

Does the applicant's family receive Food Stamps (in the last 6 months)? Yes No

Does the applicant receive: Family Assistance/Safety Net? Yes No

Does the applicant receive: free healthcare (Medicaid)? Yes No

Does the applicant's family receive: HEAP? Yes No

Does the applicant receive: SSI? Yes No

Is the applicant in foster care? Yes No

Does the applicant have any physical, emotional or learning disabilities or an IEP? Yes No

If yes, does the applicant receive:

a) Medicaid Waiver: Yes No

b) Supplemental Security Income: Yes No

INTEREST IN PROGRAM:

Please explain why you want to be enrolled in this program and what you hope to accomplish through this experience.

COMMUNITY INVOLVEMENT:

Please list any community organizations that you belong to such as scouts, school clubs, civic organizations, and school activities:

ETHNICITY INFORMATION (OPTIONAL)

CHECK ONE

- WHITE BLACK HISPANIC ASIAN AMERICAN INDIAN PACIFIC ISLANDER OTHER

Where did you obtain this application? _____

CERTIFICATION:

I certify that the information on this application is correct to the best of my knowledge. I understand that submitting an Application in no way guarantees an interview or placement in training.

Applicant's Signature

Date

Signature of Parent/Guardian if Applicant is under the age of 18:

Date

Application Deadline is June 3, 2022

PLEASE RETURN THIS APPLICATION TO:

Saratoga County Department of Employment & Training
152 West High Street, Ballston Spa, NY 12020 or email to
jmccloskey@saratogacountyny.gov

Saratoga County EMT Career Pathway Assessment

NAME: _____

Long Term Career Goal: _____

What skills do you have / what are you good at doing?

A problem and how you solved it:

Tell me something about yourself-something you are proud of:

Why do you want to participate?

ETHNICITY:

WHITE _____ BLACK _____ HISPANIC _____ ASIAN _____ AMERICAN INDIAN _____ PACIFIC ISLANDER _____ OTHER _____

Saratoga County EMT Career Pathway Release of Information

I, _____, hereby authorize the Saratoga County Department of Employment and Training (SCDET) and/or its representatives to release to or obtain from such agencies, individuals, schools or employers as are concerned with my training, any and all information, regarding my physical / mental health, identification, and any other pertinent information of a social or economic nature which SCDET may find necessary to assist in evaluation of my eligibility for Career Center grant funded programs and/or need for vocational or training services.

I understand that all such information will be treated as confidential and privileged, and used only for the purpose of effecting my employment or training services, and information will only be obtained or released as necessary for the administration of the program.

I authorize the Saratoga County Department of Social Services or any other Social Services departments I have been affiliated with, school districts or colleges where I have attended school, human service agencies that I have been affiliated with and/or any other programs or services I have been affiliated with to exchange my information with the SCDET. I further authorize the SCDET office to release information to the same parties if they are directly related to and will benefit my training and/or employment.

Information will be used to determine eligibility and assist with services being offered to me by the SCDET. Information that may be exchanged includes, but is not limited to:

- CSE Classifications
- Individual Education Plan (IEP)
- Testing Results/Report Cards/Grades
- Standardized Test Scores
- School Transcripts/Records
- Attendance Records
- Employability Skills/Interests/Aptitudes
- Proof of Address
- Identification (birth certificate, social security number/card, driver's license or DMV ID, other forms of identification)
- SNAP/HEAP/Public Assistance info
- Free Lunch Eligibility
- Health Records
- Counseling Services
- Psychological Reports

Signature of Program Participant

Date

Signature Parent / Guardian (if youth under the age of 18)

Date

Saratoga County EMT Career Pathway Media & Publicity Release Form

I understand that, during the course of my participation in the Saratoga County EMT Career Pathway Program, Saratoga County Department of Employment & Training (SCDET), and those acting with the permission or authority of SCDET, may capture my name, likeness, image, or voice in photographic, audio, video, digital or other forms ("Media"). I recognize that all Media – including film, photographic prints, audio, video or digital files – are the exclusive property of Saratoga County and SCDET. In addition, I hereby permit SCDET, and those acting with SCDET's permission or authority, to use my name and Media, in any and all media (including Internet and Social Media applications), now or hereafter devised, for any non-commercial, non-profit, educational or promotional uses. I understand and agree that SCDET, or those acting with its permission or authority, may use the Media in materials available to the general public including in publicity or promotional materials for the Saratoga County EMT Career Pathway Program, SCDET, or Saratoga County.

I hereby waive any right to inspect or approve: (a) the finished media, (b) any printed matter that may be used in conjunction with the Media, or (c) the eventual use to which the Media may be applied.

This agreement constitutes the sole, complete, and exclusive agreement regarding the Media, and I am not relying on any other representation, whether oral or written.

NOTE: If a youth participant is less than eighteen (18) years old, a parent or guardian must also sign.

SIGNATURE OF PROGRAM PARTICIPANT

DATE

PRINT NAME

PHONE NUMBER: _____ EMAIL: _____

*Due to one of the below listed reasons, I am also signing this consent form (please check one).

Less than eighteen (18) years old

Other: _____

PARENT / GUARDIAN

DATE

PRINT NAME

RELATIONSHIP TO PROGRAM PARTICIPANT

Saratoga County EMT Career Pathway

EMERGENCY NOTIFICATION FORM

YOUR NAME: _____ Gender: _____ AGE: _____

ADDRESS: _____

PHONE: _____

ALLERGIES / MEDICATIONS: _____
(anything you feel we would need to know to assist you in an emergency)

IN CASE OF EMERGENCY, PLEASE NOTIFY

NAME: _____ / _____
(Relationship)

ADDRESS: _____

PHONE: (W) _____ (C) _____ (H) _____

ALTERNATE NAME: _____ / _____
(Relationship)

PHONE: (W) _____ (C) _____ (H) _____

Signature

Date

**STATE of NEW YORK, COUNTY OF SARATOGA
AFFIDAVIT AND APPLICATION FOR CERTIFICATE OF RESIDENCE
IN CONNECTION WITH ATTENDANCE AT A COMMUNITY COLLEGE**

I, _____, hereby swear (or affirm) that I reside* at:
Name

Physical Street Address City State Zip

I have lived at the above address from ____ / ____ / ____ to present.

My current physical address is located in the Town of _____, in the County of _____, State of New York. I swear (or affirm) that I have been a resident* of the State of New York for a period of at least one year immediately prior to the date of this affidavit and application, and that I have been a resident* of the County of Saratoga for ____ of the six months immediately prior to the date of this affidavit, and that I have resided at the following places during the year immediately prior to the date of this application (**knowingly providing false information is a crime punishable by law**):

Former addresses include:

_____/_____/_____ to ____/____/_____
_____/_____/_____ to ____/____/_____

I further swear (or affirm) the following information:

Date of Birth	/	/	US Citizen?	<input type="radio"/> Yes	Place of Birth:	USA <input type="radio"/>
				<input type="radio"/> No		Other <input type="radio"/> (specify)
Date of high school graduation / GED (or anticipated date)	/	/			<input type="checkbox"/> Active Duty Military	
Social Security No.	-	-			<input type="checkbox"/> Spouse or Dependent of Active Duty Military	

Phone # (Day) _____ Email Address: _____

Mailing Address if different _____

I further state that I am registered / expect to be registered at _____ Community

College and will attend the college during the ____ / ____ semester.
(Term) (Year)

Current High School Student? Yes No If yes, _____ / _____
High School Name Grade

<p>FOR NOTARY PUBLIC / CLERK USE ONLY:</p> <p>Sworn before me this ____ day of _____, _____</p> <p>_____ Notary Public</p> <p>My term expires ____ / ____ / ____</p>

<p>_____ SIGNATURE OF APPLICANT / DATE</p> <p>RESIDENCY PROOF SHOWN:</p> <p>RENEWAL [] ____ / ____ (Term) (Year)</p> <p>_____ _____ _____</p>
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Certificate [] issued [] rejected by: _____ on ____ / ____ / ____

*"Resident" is defined by New York Education Law, Section 6301, paragraph 4, and Saratoga County Policy on Reimbursement of Community College Costs, Section III.

Additional proof needed: _____

Date: _____

Andrew B. Jarosh, Saratoga County Treasurer
40 McMaster Street, Ballston Spa, New York 12020
Telephone (518) 884-4724 Fax (518) 884-4775

Certificate of Residency

***Refer to Education Law, Section 6301 paragraph 4, and Section 6305.**

Requirements

In order to have Saratoga County participate in the cost of his or her community college education, a student must obtain a Certificate of Residency and submit it to the college. Military personnel on active duty, as well as their spouses and dependents, are entitled to the lower "Resident" rate.

A student must apply for a certificate no sooner than 60 days prior to the start of classes and no later than 30 days after the college's first day of classes. Certificates remain valid for one year of semesters, provided the student attends during the semester the certificate is issued. A student that does not register for the semester the certificate was issued, must apply for and receive a new certificate.

Students can obtain a certificate in person at the County Treasurer's Office. Students, who are U.S. citizens residing at their current address for at least twelve consecutive months, without moving, may obtain a certificate from their town or city clerk prior to the cut-off date. Cut-off dates are dictated by the start of classes at each college and will vary. Town and city clerks are only authorized to issue certificates until the start of the college semester. Students applying for a certificate after the beginning of the college semester must apply at County Treasurer's office. An application will be accepted from an individual other than the student only if the student's signature on the affidavit has been notarized and sufficient proof is submitted.

Eligibility

- ❖ A student must be a continuous resident of New York State for one year immediately preceding the date of application
- AND**
- ❖ A student must have been a resident of Saratoga County for at least one month within the six months immediately preceding the date of application. A student that has not been a resident of Saratoga County for that entire six-month period must obtain a certificate from each county of residence within the six-month period. He/she must apply at the County Treasurer's Office.
- ❖ Non-citizens are required to document their resident status and must apply at the County Treasurer's Office for their first certificate. Non-citizens renewing a certificate of residency that have resided at their current residence for twelve consecutive months, without moving may obtain their certificate from their town or city clerk providing the proof used for residence status has not expired.

Elements of Acceptable Proof

- ❖ At a minimum, two proofs are required: **One must be 12-18 months old and one less than 30 days old.**
- ❖ Each document must be dated and include name and physical street address. Documents with a post office box will not suffice unless a physical address is also indicated.
- ❖ Each residence on the application must be documented. **Proof will be required within 30 days of the date of any move in the past year.**
- ❖ No claim of residency will be accepted solely on your testimony or that of your parents, relatives, friends or other individuals.
- ❖ The standard of proof will not be compromised because you have left yourself insufficient time to obtain acceptable proof.

Examples of Acceptable Proof (must include name, physical address and be dated accordingly)

- ❖ College correspondence including bills or schedule of classes
- ❖ Bank statements
- ❖ Utility bills
- ❖ Medical records including prescriptions
- ❖ Report cards with an issue date of 1 year old, or within 30 days
- ❖ Dated mail or postmarked envelopes
- ❖ Income tax return with preprinted label or W2's
- ❖ Formal lease
- ❖ Driver's license, car registration and insurance card may be used when the issue date reflected is 1 year old, or within 30 days of application.

Students who are not citizens of the United States applying for their first certificate must apply in the County Treasurer's Office

Required documentation:

- ❖ Permanent Resident Card
- ❖ Visa
- ❖ Immigration papers indicating permanent resident status

Acceptable proof is not limited to the above examples, but proof must contain all required elements to be accepted.

Saratoga County EMT Career Pathway Program

Checklist

NAME: _____

FORMS

- Application
- Assessment
- Release of Information
- Media Release
- Emergency Notification Form
- Application for certificate of residency (application and supporting documents must be submitted to County Treasurer)

DOCUMENTS

- Birth Certificate
- Driver's License (if available)
- Social Security Card
- Certificate of Occupancy (application included in packet)
- Immunization Record
- Proof of Covid Vaccination

NOTES _____
