



Rural Health
Apple A Day Campaign



“APPLE A DAY”

RURAL OREGON VOLUNTEER EMS GRANT PROGRAM

Apple A Day Rural Volunteer EMS grant funds are for education expenses that a volunteer EMR or EMT would otherwise have to pay out of pocket. Education includes that which is required for recertification every other year, and/or the education required to upgrade your level of certification (Emergency Medical Responder to EMT, EMT to Advanced EMT, etc.). You may also request funds for travel and lodging costs associated with the training. **The maximum grant award is \$300.**

Priority will be given to applicants who have not received an Apple A Day grant in the last 12 months.

Funds for this program were raised through the Oregon Office of Rural Health **Apple A Day Campaign**. The campaign is kicked off each fall with a fundraising dinner and auction.

- **These grants are for** *volunteers who want to continue volunteering, but find that the out of pocket training expenses are a financial hardship.*
- **These grants are not for** *people who would otherwise get their training paid by their agency, but are trying to help the agency save money.*
- **These grants are not for** *students who are studying to become a career (paid) EMT.*

Applications will be ranked more favorably if they demonstrate one or more of the following:

- service in a frontier Oregon community
- service provided through an all-volunteer agency
- relative difficulty in accessing continuing education

This application was prepared for funding cycle #16 of the **Apple A Day** Rural Volunteer EMS Grant Program. The deadline is Monday, February 8, 2016. Please go to the Oregon Office of Rural Health website at www.ohsu.edu/orh to learn about future award cycles.

To be eligible for Apple A Day Rural Volunteer EMS Grant funds, **you must meet both of the following criteria:**

1. Be a volunteer* Emergency Medical Responder (EMR), Emergency Medical Technician (EMT) or Paramedic who is certified in the state of Oregon.
***A “volunteer” is a person properly trained under Oregon law who either operates an ambulance to and from the scene of an emergency or renders emergency medical treatment on a volunteer basis so long as the total reimbursement received for such volunteer services does not represent more than 25% of his or her gross annual income, not to exceed \$3,000 per calendar year.**
2. Be affiliated with a rural Oregon EMS agency. (Rural is defined as all geographic areas 10 or more miles from the centroid of a population center of 40,000 or more.)

***If you do not meet both of the above criteria, please do not proceed with this application.
If you meet both criteria, please complete the following grant request form.***

Applicant

Name: _____
(First, M.I., Last - please print legibly)

E-mail: _____
(Please print legibly; e-mail is our primary mode of communication)

Social Security Number: _____ Daytime Phone: _____
(Your SS# will be kept strictly confidential. OHSU cannot disburse funds without the recipient's SS#)

Home Mailing Address: _____
Street address or P.O. Box

City State Zip

Have you applied for the Apple A Day Award before? ___ Yes ___ No

Are you an Oregon certified Emergency Medical Responder or EMT? ___ Yes ___ No
If "Yes," what level? ___EMR ___EMT ___AEMT ___EMT-I ___ Paramedic

Are you a **volunteer** EMR, EMT or Paramedic as defined in the box on Page 1? ___ Yes ___ No
If "Yes," about how many hours per month do you volunteer? _____

Do you provide any emergency medical services - *anywhere* - for which you are paid or reimbursed more than \$3,000 per calendar year? ___ Yes ___ No

What resources do you use for continuing education? (check all that apply)
___ Oregon EMS Mobile Training Unit ___ In-house trainer
___ Webinars/other online offerings ___ Trainings in another community
___ Other CE resources (please list): _____

Number of miles you must travel for training in 2-year recertification period: _____

Primary Station/Agency (Supervisor's signature required on page 4.)

Agency Name: _____ Phone: _____

Street Address City State Zip

Agency Contact Name: _____ Daytime Phone: _____

paid staff (excluding those providing administrative services only): _____ # volunteer staff: _____

Secondary Station/Agency (if applicable)

Agency Name: _____ Phone: _____

Street Address City State Zip

paid staff (excluding those providing administrative services only): _____ # volunteer staff: _____

The funds in this grant program are small donations from many individuals around the state, and they are limited. Do you have access to agency funds so that we can direct the funding we have to those without agency support? ___Yes ___No

If "Yes," please explain:

I ATTEST THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE:

Applicant signature Date: _____

Primary Agency Supervisor Name: _____ Title: _____
(please print)

Primary Agency Supervisor Signature: _____ Date: _____

Additional Information Request

A goal of the Office of Rural Health is to send information about this and other programs by e-mail only. The less money we have to spend on paper and postage, the more we can spend in rural Oregon. Please provide this information if you can:

- Primary Agency Contact Person: _____
- Contact Person's Agency E-mail Address: _____

**Please fax application (pages 2-4) to 503-494-4798,
or scan and e-mail to flick@ohsu.edu
or mail to Lindsay Flick at:**

**Oregon Office of Rural Health
Oregon Health & Science University, L-593
3181 SW Sam Jackson Park Rd
Portland, OR 97239**

<u>For Office Use Only</u>
Date _____
App # _____
Request \$ _____
Frontier? ____AV? ____
Score _____

(applications must reach the Office of Rural Health by 5:00 pm on Monday, February 8, 2016)

To learn more about the Oregon Office of Rural Health and the Apple A Day fundraising campaign:
www.ohsu.edu/orh