



Saint Bonaventure University Medical Emergency Response Team

APPLICATION FOR MEMBERSHIP

*Please fill in all applicable fields. Incomplete applications will not be considered. *

Biographical Information

Name: _____ DOB: _____

Graduation Year: _____ Cell Phone #: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zipcode: _____

Certifications

(Please submit copies of all certifications with your applications)

Driver's License #: _____ Issuing State: _____ Exp Date: ___/___/___

EMT Cert. #: _____ Issuing State: _____ Exp Date: ___/___/___

CPR Certification (i.e. infant/child/adult)

Issuing Organization (i.e. AHA, ARC, etc.): _____ Exp Date : ___/___/___

List all other relevant certifications with expirations dates, where applicable
(i.e. National Registry, EVOC, CEVO, PHTLS, VRT, HAZMAT, BLS Instructor, etc.)

_____ Exp Date: ___/___/___

_____ Exp Date: ___/___/___

_____ Exp Date: ___/___/___

_____ Exp Date: ___/___/___

_____ Exp Date: ___/___/___

Background

Have you ever been convicted of a felony? [] YES [] NO

Have you ever had disciplinary action (academic or otherwise) taken against you? [] YES [] NO

Do you have any physical limitations or health conditions that may prevent you
from fulfilling the duties required of an EMT (i.e. lifting, running, driving etc.)? [] YES [] NO

If you answered 'YES' to any of the above, please explain below.

(NOTE: NY state law prohibits those with criminal records from becoming certified/serving as EMTs and SBU MERT retains the right to conduct criminal background checks on all members.)

Life Experience/Time Commitments

(Please try to limit responses to the space provided)

1. Describe all activities that you are presently involved in or anticipate being involved while volunteering for SBU MERT. Be sure to comment on your specific involvement and approximate the amount of time you dedicate to each of the activities listed.

2. Describe any previous patient-care experiences.

3. How many semesters do you anticipate being able to volunteer for MERT and what role do you foresee yourself taking within the organization?

4. Full members are expected to take multiple shifts a month. In addition, there are mandatory meetings once a month. Do you foresee anything that would inhibit your being able to fulfill these requirements? Please explain.

5. Please attach a copy of your **course schedule** for the current semester, your **health/immunization records** and proof of a negative **TB test** from the past year.

References

Please supply the names and contact information of two (2) character references (not family members):

Name: _____ Relation: _____ Tel/Email: _____

Name: _____ Relation: _____ Tel/Email: _____

I hereby certify that the above information is true and accurate, and I authorize St. Bonaventure University MERT to verify my certification/licenses and consider my application for probationary membership.

Electronic Signature: _____

Date: ____/____/____