MEMBERSHIP APPLICATION

SKIDMORE COLLEGE EMS

PLEASE SUBMITT All PAPER APPLICATIONS IN THE INTRA-COLLEGE MAIL ADDRESSED TO:

SKIDMORE COLLEGE EMS, MAILBOX 2096

GENERAL INFORMATION

Thank you for your interest in joining Skidmore College Emergency Medical Services (SCEMS). Please fill out all questions as completely and truthfully as you can. All information provided is confidential. Once your application has been reviewed, the Chiefs of SCEMS will contact you. If you have any questions, feel free to email SCEMS at scems@skidmore.edu

Name:_____ DOB _____/_____/_____

Student ID #:_____ Email:_____@skidmore.edu

Cell Phone (_____)-_____-_____ Class Year and Major_____

Local Area Address (If Not Skidmore):

_____

_____

Permanent Mailing Address:

_____

_____

Emergency Contacts

Name: _____ Relation: _____

Phone (_____)-_____-_____ City and State:_____

Name: _____ Relation: _____

Phone (_____)-_____-_____ City and State:_____

Please list any languages other than English that you speak, and your degree of fluency:

SKIDMORE EXPERIANCE

_____

Do you currently or anticipate having a job during the academic year? ■**Yes** ■**No**

If yes, on average, how much do you work, or plan on working? _____

Do you currently or anticipate getting involved with other student groups? ■**Yes** ■**No**

If yes, which groups and how much time commitment: _____

DRIVER AND CONVICTION RECORD

Driver's License State: _____

Have you had any moving violations in the past 18 months?	**Yes** ■	**No** ■
Have you had any chargeable accidents in the last 3 years?	**Yes** ■	**No** ■
Have you ever been convicted of a DUI, DWI, DWAI?	**Yes** ■	**No** ■

If you answered yes to any of the above, please describe on a **separate sheet of paper**

If you have been convicted of a misdemeanor or a felony, have you obtained "clearance" from the New York State Department of Health to practice EMS?

(NYS DOH Policy #96-03, please attach a copy of your clearance documentation)

■ **Yes** ■**No**

CERTIFICATIONS AND EXPERIENCE

Please list your current certifications, and attach a photocopy of those certifications along with a copy of your drivers license to this application.

Training Type	Type or State and Certification Number	Expiration Date
CPR		
First Aid		
Certified First Responder		
EMT or Higher		
Other:		
Other:		
Other:		

Do you have any previous EMS experience? If so, please describe below. Touch on the agencies you served, the length you have been involved with them, the setting of the agency, the capacity that you operated in within the agency, and anything else you feel relevant:

SKIDMORE EXPERIANCE

_____
_____
_____
_____
_____

Please describe any other medical experience you may have: _____
_____
_____
_____

Please describe any leadership or administrative experience: _____
_____
_____
_____

ORGANIZATION COMMITMENTS

Are you willing to attend a series of orientations? ☐**Yes** ☐**No**

If you are not one already, are you willing to enter EMT class to become an EMT? ☐**Yes** ☐**No**

Are you willing to become CPR Certified, if not able to enter EMT class? ☐**Yes** ☐**No**
(Typically an 8-hour class on a Saturday or Sunday)

CERTIFICATION STATEMENT

By signing below you certify that the following statements are conditions of your potential status as a member of Skidmore College EMS.

I hereby state that all of the above questions have been answered truthfully and without gross omission, and I authorize Skidmore College EMS to check any or all of the above statements with the proper law enforcement agency, including release of my RMV records to the Executive Board. I also understand that the willful falsification of, or omission from, this application will subject it to immediate rejection or dismissal. It is further understood that this application will be handled in accordance with the Civil Rights Act of 1964, and no discrimination will occur due to sex, religion, race, creed, national origin, or sexual orientation. All information in this application is considered confidential and will only be reviewed by the leadership of SCEMS.

Signed: _____ Date: _____
Print Name: _____