



UNION EMERGENCY MEDICAL UNIT

Membership Application

CHECK ONE: Volunteer EMT Part-Time EMT

Volunteer Support Personnel

PERSONAL INFORMATION

1	NAME	
2	ADDRESS	
3	CONTACT	Email Phone

EMPLOYMENT and REFERENCES

4	HISTORY	Please attach a current resume or CV with your application.
5	REFERENCES	<p>Please provide one professional reference and one personal reference.</p> <p>Professional reference: <input type="checkbox"/>Employer (past or present) <input type="checkbox"/>Teacher <input type="checkbox"/>Other Name: _____ Email address: _____ Phone: _____</p> <p>Personal reference: <input type="checkbox"/>Family <input type="checkbox"/>Co-worker <input type="checkbox"/>Friend <input type="checkbox"/>Other Name: _____ Email address: _____ Phone: _____</p>
6	EMPLOYER	<input type="checkbox"/> Check here if unemployed <input type="checkbox"/> Check here if student without employment Company: _____ Position: _____ Address: _____ Phone: _____ Name of supervisor: _____

BACKGROUND *You will be required to submit to a background check and driver's abstract if you are interviewed.*

7	DRIVERS LICENSE	DL Number: _____ State: _____ Expires: _____ Restrictions?: _____ Have your driving privileges ever been suspended in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No Have your driving privileges ever been revoked in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes to either of the above, attach an explanation to this application.
8	CRIMINAL BACKGROUND	Have you ever been convicted of a crime (felony or misdemeanor) other than a minor motor vehicle offence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach an explanation to this application including disposition of the case.

EDUCATION

9	HIGH SCHOOL	School Name: Graduated (MM/YY):	City, State: <input type="checkbox"/> Current student
10	UNDERGRADUATE	College/University: Degree: Graduated (MM/YY):	City, State: Major: <input type="checkbox"/> Current student
11	GRADUATE and PROFESSIONAL	College/University: Degree: Graduated (MM/YY):	City, State: Major: <input type="checkbox"/> Current student

EMS EXPERIENCE and CERTIFICATIONS

12	Do you have past EMS experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list agencies & dates of active service here:				
13	NJ EMT-B	CPR	Bloodborne Path	PHTLS	Other: _____
	Expires: _____	Expires: _____	Date: _____	Expires: _____	Expires: _____
	ICS-100	ICS-200	ICS-300	CEVO/EVOC	Other: _____
	Date: _____	Date: _____	Date: _____	Date: _____	Expires: _____

EMERGENCY CONTACT

14	Name: Phone:	Relationship: Address:
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CERTIFICATION

15	I, the undersigned applicant, do solemnly swear or affirm that the above statements are true to my own knowledge. Any falsification will result in the declination of my application or my dismissal from membership if accepted. I also understand that acceptance to UEMU is contingent upon my successful completion of an approved EMT training course within one year of my acceptance date if I do not currently hold a valid NJ EMT certification.		
	_____	_____	
	Signature	Date	
16	FOR APPLICANTS BELOW THE AGE OF 18 ONLY		
	_____	_____	_____
	Parent's Signature	Printed name	Date