

MEMBERSHIP APPLICATION

FALL 2015



RIVER CAMPUS
MEDICAL EMERGENCY RESPONSE TEAM

CPU BOX 273155
UNIVERSITY OF ROCHESTER
ROCHESTER, NY 14627

Submit all applications by email to epuringt@u.rochester.edu with the subject line being “*Your Full Name*’s MERT Application” by 6 PM on Sunday, September 13th.

PLEASE ATTACH YOUR COURSE/ACTIVITIES SCHEDULE TO YOUR APPLICATION

Fill out all questions completely and truthfully. **Please either type into the application or hand-write your answers.** If you type your answers, print a copy for the MERT CPU box and email a copy to the email above. If you handwrite your application, scan and email it to the email above and submit the hard copy to the MERT CPU box.

Please note: There are no red flags that will automatically preclude you from membership. **Incomplete or late membership applications will NOT be considered.** If chosen from the applicant pool, you will be invited to participate in a 15-minute interview as a component of final selections. All information provided is confidential and will only be viewed by the Executive Board, Membership Selection Committee, and University Public Safety if necessary. In order to be considered for membership into R/C MERT **you must attend one of the Meet and Greets** on Wednesday September 9th at 18:00 in Dewey 1101 or on Saturday September 12st at 13:30 in Dewey 1101. Any excuses for not being able to attend a meet and greet must be sent to and cleared by Ella Purington at epuringt@u.rochester.edu

GENERAL INFORMATION

Name: _____ DOB ____/____/____

Student ID #: _____ LCC # (Bottom Right of ID Card) _____

Email: _____@u.rochester.edu Cell (____)-____-____

Affiliation Circle/Bold One: Undergraduate Graduate Faculty Other Employee

Class Year and School (Arts and Sciences, etc) _____

If you are a junior, are you planning on applying for a Take 5 or the Key Program? Yes No

Have you applied for membership in MERT in the past? (Circle/Bold one) Yes No

If yes, which Semester(s) _____

If yes, were you selected for an Interview? (Circle/Bold one) Yes No n/a

Have you been a MERT Member in the Past? (Circle/Bold one) Yes No

If Yes, Please describe the circumstances that lead to your departure from the organization:

Is English your first language? (Circle/Bold one) Yes No

Do you have any trouble conversing in English? (Circle/Bold one) Yes No

If Yes, Please Describe: _____

Please list other languages and your degree of fluency: _____

UNIVERSITY OF ROCHESTER EXPERIENCE

Average credit hours you plan on for each semester: _____

Do you currently/anticipate having a job during the academic year? (Circle/Bold one) Yes No

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

Do you currently or anticipate getting involved with other student groups? (Circle/Bold one) Yes No

If yes, which groups and how much time commitment:

DRIVER AND CONVICTION RECORD

Driver's License ID# _____ State: _____

Have you had any moving violations in the past 18 months? (Circle/Bold one) Yes No

Have you had any chargeable accidents in the last 3 years? (Circle/Bold one) Yes No

Have you ever been convicted of a DUI, DWI, or DWAI? (Circle/Bold one) Yes No

By signing, I authorize R/C MERT to obtain a copy of my Motor Vehicle Record, MVR

Please Sign: _____ Date: _____

Have you ever been convicted of a crime in New York State or Elsewhere? (Circle/Bold one) Yes No
(Conviction of a crime does not automatically preclude you from MERT Membership)

If yes, 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? (Circle/Bold one) Yes No n/a

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

If it is okay for MERT to request a Criminal Background check, please initial here: _____

CERTIFICATIONS AND EXPERIENCE

Please List your Current Certifications

Training	Type(AHA, ARC) or State	Certification Number (if applicable)	Expiration Date
CPR			
First Aid			
Certified First Responder			
EMT or Higher			
Other:			
Other:			

Please neatly attach a copy of any certifications along with a copy of your driver's license and course schedule.

Do you have any previous EMS or Fire experience? If so, please touch on the agencies you have served, the length of time you have been involved with them, the capacity that you operated within the agency, and anything else you feel relevant:

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Please describe any other experience within the medical field you may find relevant:

Please describe any other leadership or administrative roles in or out of the medical field you feel are relevant to your candidacy for RC MERT:

MEDICAL HISTORY

Do you feel like you can lift, with the assistance of one other person, someone weighing 150 pounds?
(Circle/Bold one) Yes No

Do you feel like you can carry a 50-pound bag around campus? (Circle/Bold one) Yes No

Please describe any conditions that may prohibit, alter, or restrict the capacity in which you serve R/C MERT while on call or otherwise. Please note that this information will remain confidential and will serve no purpose other than to ensure safety amongst R/C MERT members and patients.

Please list any and all allergies (including food, environment and medications):

If you have allergies, are you prescribed an Epi-Pen for any of them? (Circle/Bold one) Yes No N/A

If Yes, which?

Are you prescribed medication that may impair cognitive or motor abilities?

(Circle/Bold one) Yes No If yes, please list the medication(s):

R/C MERT EXPERIENCE

What level of participation do you see yourself having in this organization? (Circle/Bold all that apply)

Medic Assistant EMT Crew Chief E-Board Committee E-Board Member

(Please attach a separate sheet of paper with your responses to these questions typed)

Please limit each response to 400 words or less

1. Given the positions that you have circled above, please elaborate on your knowledge of these roles with respect to our organization and why you are interested in that level of participation.
2. We have nine executive board positions. Please go on our website and read the summary of their roles. If accepted into MERT, are you planning on running for Executive Board? Please tell us why or why not, and which position you would run for and why.
3. Speak about the individuals you met at either of the Meet and Greets. Include their names and possible positions within the organization. What did you learn from them? (Please attach the paper you were given at the Meet and Greets- if you were unable to attend a Meet and Greet, please let Ella know.)
4. Why are you applying for membership in R/C MERT?
5. Briefly describe your unique strengths that will contribute to the organization. Why should we choose you over other applicants?
6. What are your expectations for MERT and what would you like to gain as a member?
7. Other than the information that you have provided above, please provide any other information that you feel we should take into consideration upon reviewing your application. This could include a little bit about yourself, your background, and/or an anecdote that describes your personality. **This question is optional but the more information you provide, the easier it will be for us evaluate your candidacy.**

ORGANIZATION COMMITMENTS

After attending the Meet and Greet and talking to some current RC MERT members, how many hours a month do you see yourself *realistically* committing to RC MERT? Please remember that shifts are between 6-12 hours and members are required to take at least 2 shifts a month: _____

Circle/Bold your answer for each question

Are you free from 6PM – 8PM on most Sundays? *(This is the time of our mandatory General Member Meetings.)*

Yes No

Are you comfortable sleeping in a room with other students during night shifts? *(MERT members are required to sleep in the MERT bunkrooms while on shift)*

Yes No

All MERT members are required to become certified NYS EMTs within two years of admittance to RC MERT. Are you willing to enter our EMT class to become an EMT starting in October? *(The EMT class this semester will meet on Tuesdays, Thursdays and some Saturdays. The weeknight classes will be 6PM-10PM and weekends will be in the morning. The class lasts from October to March.)*

Yes No I'm already an EMT This class conflicts with my schedule

Other reason : _____

If not, please explain where and when you will receive your NYS certification within the next two years: _____

Are you willing to become CPR Certified?

(All of our MERT members are CPR certified, whether they are an EMT or not. Typically this is achieved in a 4 hour class on a Saturday or Sunday)

Yes No

Are you willing to enter into our New Member Orientation Program, which lasts approximately 6 weeks and meets after GMM on Sundays for 1 to 2 hours?

Yes No

REFERENCES

Please provide two references, not related to you, that we can contact about your application

Name: _____ Relation: _____

Phone: (_____) - ____ - ____ Best contact time: _____

Name: _____ Relation: _____

Phone: (_____) - ____ - ____ Best contact time: _____

CERTIFICATION STATEMENT

By signing below you certify that the following statements are conditions of your potential status as a member of River Campus MERT.

I hereby state that all of the above questions have been answered truthfully and without gross omission, and I authorize the University of Rochester River Campus MERT to check any or all of the above statements with the proper law enforcement agency, including release of my Motor Vehicle Record (MVR) to the Executive Board, the Membership Selection Committee, and University Security Personnel. 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, medical condition, or sexual orientation. All information in this application is considered confidential and will only be reviewed by the Executive Board of the River Campus MERT along with the Membership Selection Committee and University Security Personnel. Any applicant under the age of 18 years must also have their parent/guardian sign this application, or submit a signed statement of parental permission with this application.

I hereby certify that I have read the accompanying Member Competency Requirements and Rules and Regulations and that I meet all requirements and will abide by all regulations and policies outlined in the River Campus MERT Standard Operating Procedures. Failure to do so will result in disciplinary actions up to and including dismissal from the organization.

Signed: _____ Date: _____

Print Name: _____

Parent Guardian Signature if applicant is less than 18 years old

Signed: _____ Date: _____

Print Name: _____

