



**APPLICATION FOR (check one):**  **Course Sponsorship**  
 **Probationary Membership**

**Biographical Information**

|                             |                                  |
|-----------------------------|----------------------------------|
| Name: _____                 | DOB: ____/____/____              |
| Affiliation (School): _____ | SS#: _____                       |
| Graduation Date: _____      | Local Mailing Address: _____     |
| Dorm and Room #: _____      | Permanent Mailing Address: _____ |
| Campus Phone: _____         | _____                            |
| Cell/Pager #: _____         | Email: _____                     |

**Certifications**

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

EMT Cert. #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

CPR for the Professional Rescuer (i.e. infant/child/adult):

Issuing Organization (i.e. AHA, ARC, etc.): \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Please submit copies of all certifications with your application

**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 yes to any of the above please explain in detail on an attached separate sheet of paper.

(Note: State law prohibits those with criminal records from becoming certified/serving as EMTs and Columbia University EMS retains the right to conduct criminal background checks on all members).

**Life Experience/Time Commitments**

Try to limit all responses to the space provided unless instructed otherwise. Use additional space only if necessary. Application may be hand written.

1. Describe any and all activities that you are presently involved in or anticipate being involved while volunteering for Columbia University EMS. 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 Columbia University EMS and what role do you foresee yourself taking within the organization?
  
4. Probationary members are expected to ride one 12-hour shift per week, as well as one weekend shift per month. In addition, there is an evening meeting twice a month and weekly training sessions, both of which are mandatory. Do you foresee anything that would inhibit your being able to fulfill these requirements? Explain.
  
5. On an attached sheet, please answer the following question (limit 300 words):  
*Why did/do you want to become an EMT and why do you want to join Columbia University EMS?*

**References**

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

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel/Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel/Email: \_\_\_\_\_

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I hereby certify that the above information is true and accurate, and I authorize Columbia University EMS to verify my certification and consider my application for sponsorship/membership.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date