

Name:

For Personnel Officer use only

Application status

Duke University EMS
Squad Application Packet

For questions regarding this application please contact Rema Shah at
dukeemspersonnel@gmail.com

Please find the following items in the DUEMS application packet:

- Page 2-3: About DUEMS and understanding our expectations
- Page 4: Biographical Information
- Page 5-6: Applicant history
- Page 7: Release form
- Page 8: Hepatitis-B Inquiry
- Page 9: Personnel face sheet (for Personnel Officer use only)

Please e-mail completed application to Rema Shah at dukeemspersonnel@gmail.com.
Applications must be **received by 11:59 PM on Sunday, September 9th, 2018**. Mandatory interviews will be scheduled shortly after the application deadline.

Please type (Times New Roman) as much of the application as possible. If you must hand-write any part of the application please print legibly. Do not use cursive unless you are providing a signature. Please sign appropriate parts by hand.

In addition, please supply the following items (these items do not have to be turned in at the same time as the application, but must be supplied within **ONE** month of acceptance or acceptance **WILL** be rescinded):

- Two copies of NC or NR EMT certification
- Copy of CPR card
- Copy of other certifications
- Copy of driver's license
- Results of TB test (taken within the last 6 months, free at Student Health)

DUKE UNIVERSITY EMS: APPLICATION FOR MEMBERSHIP
About DUEMS and understanding our expectations

Thank you for your interest in Duke University EMS (DUEMS). DUEMS is a BLS, non-transport, volunteer organization composed of members of the Duke community certified as North Carolina emergency medical technicians. Our primary responsibility is to provide emergency medical care at various athletic and special events on campus. We also provide CPR certification and education sessions in our Duke and larger Durham community.

DUEMS has returned back into service this semester and we are excited to work in partnership with Duke Life Flight in an event medicine capacity. Our members average around twenty hours a month, which provides an opportunity for members to make close and long-lasting bonds. Although participation in the squad is a serious commitment, it is also an extremely rewarding and worthwhile experience. We are pleased that you have expressed an interest in serving the Duke community as part of Duke University EMS.

Our Expectations:

DUEMS invests a considerable amount of time and resources in its members (training, uniforms, immunizations, equipment, etc.). Due to this investment and the nature of the squad, DUEMS therefore has certain expectations of squad members.

As a Duke University EMS member, it is expected that you will:

- Follow all DUEMS policies, procedures, SOPs, and bylaws (all documents will be provided to you).
- Interact professionally and courteously with all squad members, patients, emergency workers, and members of the Duke community.
- Maintain patient confidentiality at all times.
- Maintain current level of certifications (EMT and CPR) by attending the appropriate continuing education classes (provided by the squad)
- Keep necessary documentation up to date.
- Return all issued properties of DUEMS in an acceptable condition.
- Attend all scheduled squad meetings.
- Fulfill special event staffing requirements as deemed necessary by the Operations Officer.
- Have a TB skin test annually.

Members who do not observe these expectations are subject to review by the Judiciary Committee and may be retired.

Please sign below that you have read, understood, and accepted our expectations.

Signature_____ Date_____

DUKE UNIVERSITY EMS: APPLICATION FOR MEMBERSHIP

Biographical Information

(Please type the following information)

| Last name | First name | Middle initial | Nickname |
|-----------|------------|----------------|----------|
|-----------|------------|----------------|----------|



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|--------------------|--------|------|-------|-----|
| Permanent Address: | Street | City | State | ZIP |
|--------------------|--------|------|-------|-----|

| | | | | |
|------------------|--------------------|------|-------|-----|
| Mailing Address: | Box/Street Address | City | State | ZIP |
|------------------|--------------------|------|-------|-----|

Dorm/Apartment Address

| | | |
|------------------------|-----------|----------|
| Permanent phone number | DL number | DL State |
|------------------------|-----------|----------|

| | |
|---------------|---------------------|
| Date of birth | Duke E-mail address |
|---------------|---------------------|

| | |
|--------------------|-----------|
| Year (e.g. Junior) | Unique ID |
|--------------------|-----------|

| | | |
|------------------|---------------------------------|-----------------|
| Major/Department | Undergrad/grad/faculty/employee | Graduation date |
|------------------|---------------------------------|-----------------|

Two contacts in case of emergency:

| | | |
|------|--------------|--------------|
| Name | Relationship | Phone number |
|------|--------------|--------------|

| | | |
|------|--------------|--------------|
| Name | Relationship | Phone number |
|------|--------------|--------------|

Please list all certifications below (EMT, CPR, PALS, etc.)

| | | |
|---------------|-------|-----------------|
| Certification | State | Expiration date |
|---------------|-------|-----------------|

| | | |
|---------------|-------|-----------------|
| Certification | State | Expiration date |
|---------------|-------|-----------------|

| | | |
|---------------|-------|-----------------|
| Certification | State | Expiration date |
|---------------|-------|-----------------|

Duke University EMS: Applicant History

1. Do you have any medical problems that would affect your performance with DUEMS? If yes, please explain.

Yes No

☐ ☐

2. Have you ever been convicted of a crime, including traffic offenses? If yes, please explain.

Answering yes will not automatically exclude you from joining DUEMS. (Please note that the Duke Police Department will perform background checks on all applicants).

Yes No

☐ ☐

3. Are you currently a certified NC EMT-B? If no, please explain. If you are planning to take the exam in the near future, please write your expected (or approximate) test date.

Yes No

☐ ☐

4. Are you a pre-health student? (Please note that we make no preference. We're just curious!)

Yes No

☐ ☐

5. Are you interested in pursuing an Intermediate certification? Paramedic? If no, please explain. (50 words maximum)

Yes No

☐ ☐

6. How did you learn about Duke EMS? Have you applied before? (25 words maximum)

7. (Optional) if you have applied before, what have you done to strengthen yourself as an applicant? (50 words maximum)

8. Please detail your involvement in any other campus activities. (50 words maximum)

9. Please explain why you would like to join DUEMS. How would DUEMS fit into your college career, plans after graduation, and present goals? What do you hope to gain from joining DUEMS? (100 words maximum)

10. What do you think being an EMT/part of an EMS agency means? (100 words maximum)

11. What is the EMT's most important quality? How have you demonstrated your possession of this quality? (100 words maximum)

12. An EMT is a leader on scene and on campus. What is most important in a leader? What makes you a leader? (100 words maximum)

13. Imagine that you are a supervisor for a DUEMS shift with one cadet. You have been dispatched to an unconscious patient. When you arrive on scene the patient is obviously dead. Your cadet states that he has never run a code before and he would like to practice CPR and King Airway insertion. There are no bystanders or any other personnel on scene. What factors do you consider and how would you respond? (150 words maximum)

14. Please describe yourself. How do you perceive yourself and how do others perceive you? (100 words maximum)

15. What is your understanding of DUEMS and the commitment required of its members? In other words, what do you think being a part of DUEMS entails? (75 words maximum)

16. Please list below any experience in EMS or First Aid with names **and** telephone numbers of references. No experience is expected. Please note that references **WILL** be contacted.

17. Please list below **TWO** references (with names, telephone numbers, and email addresses) that can speak for your character (i.e. past teachers, mentors, etc.).

18. Finally, why should you be a part of DUEMS? Will you commit to being an active member for two years? If you will not make a two-year commitment to the squad please pay particular attention to this question. (150 words maximum)

19. (Optional) Is there anything else you would like us to know? (100 words maximum)

All information contained within this application may only be discussed between the Personnel Officer and members of the Interview Committee and is otherwise confidential. I certify that I have completed this application accurately and to the best of my knowledge.

Signature

Date

Duke University
Duke University Medical Center
Durham, North Carolina
27708

Occupational and Environmental Safety Office
Fire Safety Division

Box 90427
Telephone (919) 684-5609

RELEASE AND ASSUMPTION OF RISK ARISING FROM VOLUNTEER ACTIVITY

I, _____, have agreed to perform volunteer work for the Duke University Fire Safety Division of the Occupational and Environmental Safety Office. Such work will include providing emergency medical treatment. I understand that I will not receive any monetary or other compensation nor am I eligible for Workers Compensation, other insurance coverage or other employee-type benefits. I agree to assume all risks incident to the above described activity (including the risk of personal injury or property damage) regardless of their causes, which may include but are not limited to the failure to supervise any persons and the negligence of third parties.

I agree to release and hold harmless Duke University and its trustees, officers, employees or agents liable in damages from any and all liabilities, claims, damages, or losses that arise from or in any way relate to my participation in the activity described above.

I have carefully read this Release and Assumption of Risk and fully understand its contents. I voluntarily sign it and realize that it will bind me, my heirs and personal representatives.

Date

Signature

DUKE UNIVERSITY EMS
HEPATITIS-B VACCINE INQUIRY

Name _____ SS# _____
Print First MI Last

I have already received the Hepatitis B Vaccine series _____.
Initial

(Individuals who have already been vaccinated need to provide documentation for our files.)

I plan to take advantage of the Hepatitis vaccinations through Duke University EMS: _____.
Initial

I do not plan to take advantage of the Hepatitis vaccinations through Duke University EMS, and I release Duke University EMS from all liability concerning Hepatitis B:
_____.
Initial

I UNDERSTAND THAT BEFORE THE VACCINE IS ADMINISTERED, I WILL BE PROVIDED WITH AN EDUCATIONAL MODULE ABOUT HEPATITIS B AND OTHER BLOOD BORNE PATHOGENS, REGARDLESS OF WHETHER I ELECT TO BE VACCINATED.

Signature

Date

Personnel Officer

Date

Personnel Face Sheet
(For Personnel Officer use only)



Name

DUEMS ID#

Clearing dates:

Cadet

Supervisor

Crew Chief

Expiration:

BLS

EMT-B

EMT-I

TB test dates:

year 1

year 2

year 3

year 4

Leave of absence (inactive date/active date)

Retirement from squad (date)