



Emergency Medical Services
University of Minnesota Department of Emergency Management
Suite 140, 2221 University Avenue SE, Minneapolis, MN 55414
Telephone: 612-625-8047 **Fax:** 612-627-4770
E-Mail: umems@umn.edu **Web:** <http://www.dem.umn.edu/umems>



Welcome To The University of Minnesota Emergency Medical Services!

Thank you for your interest in our service. Please read this page before completing the rest of the application.

Q: What is the commitment?

A: Three (3) events per month and attendance of every monthly meeting. Events are typically four (4) hours long. The monthly meeting is the 2nd Sunday of every month at 1900 at DEM.

Q: What happens after I submit this application?

A: Your application will be reviewed. If it is acceptable you will be sent information about our interview process. Once you have successfully completed an interview, we will send you a formal acceptance or rejection letter. Those accepted must complete a one-day orientation before working events. This orientation is held only twice a year, in the fall and in the spring.

Q: Does UMEMS respond to 911 calls?

A: UMEMS mostly does events as stand-by EMS. We cover nearly every sporting event on campus. We do transport at the BLS level. However, we currently only cover 911 in special occasions.

Q: What benefits do volunteers get?

A: On top of meeting new people and getting an opportunity to make a difference through direct patient care, UMEMS provides: EMT Initial class partial reimbursement after 1-year of active volunteering, free training including FR/EMT refreshers, meal vouchers for most sporting events, limited parking reimbursement, and other benefits such as a yearly team banquet.

Q: Are all members volunteers?

A: Most of our members are volunteer Emergency Medical Technicians. Other positions include: volunteer First Responder, paid Field Training Officer, paid Supervisor, and paid Management positions but these require at least one year of prior volunteering.

Q: I'm not a certified FR/EMT but would like to volunteer.

A: Unfortunately, we are only accepting applications from currently certified FRs/EMTs or those whose certification status is pending due to EMSRB regulations. We offer FR and EMT courses and can be contacted regarding these at umems@umn.edu. Other teaching institutions include the U of MN Emergency Health Services (courses online through OneStop), HCMC, Inver Hills College, Century College, and others. Visit the following website for information about all current statewide EMS courses. <http://www.emsrb.state.mn.us/tpclass.asp>



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Application for University of Minnesota Emergency Medical Services

Please fill out this form electronically. If you are unable to do so, please type or print all information neatly.

General Information

Last Name	First Name	M.I.	S.S.N.	Today's Date
Local Address	City	State	Zip Code	Phone Number
Permanent Address	City	State	Zip Code	Phone Number
Email Address	Cell Phone	Pager	Work Phone	
Driver License Number	State	EMS Certification Level: First Responder, EMT-Basic, EMT-Intermediate, EMT-Paramedic		

Additional Information

Have you ever been convicted of a felony?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Have you ever been convicted of DUI/DWI in any State or Province?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Has your driver's license ever been revoked?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Has your driver's license ever been suspended?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Has your FR/EMT certification ever been revoked or denied or is it pending such action?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Have you ever been excluded from a federally funded healthcare program?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If you answered Yes to any of the previous questions, please list explanation on a separate sheet of paper.		

Certifications

Required	Expiration Date	Certificate Number
MN EMSRB Certification (Required)		
NREMT Certification (Optional)		
AHA CPR Healthcare Provider (Required)		N/A
Other:		
Other:		
Other:		

EMS Training Facility

Organization	Address	Dates	Instructor/Supervisor & Phone Number
		-	

EMS Related Experience

List Paid and Volunteer Experience, Start with Current/Most Recent Position

Organization	Address	Dates	Supervisor & Phone Number
		-	
		-	
		-	
		-	

Work Experience

Start with Current/Most Recent Position

Employer	Position Held	Dates	Supervisor & Phone Number
		-	
		-	
		-	
		-	

References

(Other than relatives or friends) Must list at least two (2)

Name	Email Address	Phone Number	Relationship

Emergency Contacts

Person(s) to Contact In Case of Emergency

Name	Daytime Phone	Evening Phone	Relationship

Essay

Please answer ALL of the following questions below. Your essay (parts 1-4 total) should be no longer than two pages typed.

- 1) Why do you want to become a member of the University of Minnesota Emergency Medical Services?
- 2) What is the basis of your interest in Emergency Medical Services?
- 3) What will you bring to the team?
- 4) How did you hear about UMEMS?

Agreement

I hereby affirm that I am at least 18 years of age and that the information provided on this form is complete, true and accurate to the best of my knowledge. I also understand that I must currently have and maintain a certification to practice pre-hospital emergency medicine through the EMSRB (First Responder or EMT). I understand that intentional misrepresentation of any information on this form will result in my immediate removal from the University of Minnesota Emergency Medical Service (UMEMS) and may be a violation of law. Further, I agree to abide by the Standing Operating Procedures and BLS Medical Protocols of UMEMS. I understand that if this application is accepted, I will then be required to attend an orientation class. As part of that class I understand that I will be required to demonstrate my cognitive and practical skills and that my membership will be contingent upon successful demonstration of these skills and completion of all requirements of a probationary member of UMEMS. I understand that I will be a probationary member for no less than four months following orientation, and that I may terminate or be terminated from affiliation with UMEMS at any time during the probationary period.

Signature or Typed Name: _____

Date: _____

Please return this completed application electronically by emailing it to umems@umn.edu

You may return this completed application by mail or in person during regular business hours to the Department of Emergency Management, Suite 140, 2221 University Avenue SE, Minneapolis, MN 55414. Please call the office at (612) 625-8047 if you have any questions.

The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, or sexual orientation.

In adhering to this policy, the University abides by the Minnesota Human Rights Act, Minnesota Statute Ch. 363; by the Federal Civil Rights Act, 42 U.S.C. 2000e; by the requirements of Title IX of the Education Amendments of 1972; by Sections 503 and 504 of the Rehabilitation Act of 1973; by the Americans with Disabilities Act of 1990; by Executive Order 11246, as amended; by 38 U.S.C. 2012, the Vietnam Era Veterans Readjustment Assistance Act of 1972, as amended; and by other applicable statutes and regulations relating to equality of opportunity.

Inquiries regarding compliance may be directed to the Director, Office of Equal Opportunity and Affirmative Action, University of Minnesota, 419 Morrill Hall, 100 Church Street S.E., Minneapolis, MN 55455, (612) 624-9547.