

HOPKINS EMERGENCY RESPONSE UNIT APPLICATION FOR MEMBERSHIP



Name: _____

Local Address: _____ Phone Number: _____

_____ Email Address: _____

Year (circle one): FR SO JR SR OTHER (_____)

Level of Certification:

- | | | |
|--|------------------------|--------------|
| <input type="checkbox"/> CPR – Professional Rescuer | Expiration date: _____ | |
| <input type="checkbox"/> American Red Cross Emergency Response | Expiration date: _____ | |
| <input type="checkbox"/> Certified First Responder (or equivalent) | Expiration date: _____ | State: _____ |
| <input type="checkbox"/> EMT-B (or higher) | Expiration date: _____ | State: _____ |

If available, please attach a copy of certifications to this application.

If you have had prior EMS experience, please list below. Include the dates of service and the capacity in which you served.

Have you previously applied for membership in HERU? Yes No

If so, please list the date(s): _____

Have you previously been removed from membership in an EMS organization or any other club? Yes No (If yes, please explain below.)

Briefly state the reasons for your interest in joining the Hopkins Emergency Response Unit.

What do you hope to get out of the Hopkins Emergency Response Unit experience if you are selected for membership? What do you think you can contribute to the unit?

I understand that the Hopkins Emergency Response Unit has rules and regulations that are designed to protect myself and the patients under my care. If I am accepted as a member, I agree to:

- keep all patient information and squad business strictly confidential;
- run at least one four hour shift each week;
- attend all mandatory training workshops as scheduled by the Operations Lieutenant;
- uphold all the rules and regulations as outlined in the Constitution and Standard Operating Procedures of the Hopkins Emergency Response Organization.

I hereby certify that the above information contained in this application is true and complete to the best of my knowledge. Should I be accepted as a member of the Hopkins Emergency Response Unit, I understand that failure to abide by any of the rules above or any misrepresentation or false statement contained herein may result in suspension or expulsion from the organization.

Signature

Date

Please submit to: Operations Lt., Hopkins Emergency Response Unit
AMR II Box 2454
3400 North Charles Street
Baltimore, MD 21218
Re: Application for Membership

Reviewed by: _____

Date: _____