

**HOBART & WILLIAM SMITH
EMERGENCY MEDICAL
SERVICE**



APPLICATION FOR MEMBERSHIP



VERSION 4.1

MISSION STATEMENT

Since August 2008, the Hobart & William Smith (Colleges) Emergency Medical Service (HWS EMS) has been committed to providing a professional and rapid first response emergency medical service to the community of Hobart & William Smith Colleges, in Geneva, New York. Our Service is founded with a commitment of compassion, professionalism and support to not only the HWS Colleges but also the greater Geneva community. During the academic year, we are available to respond 24/7 to all emergency medical calls on campus as well as perform standby coverage as requested. Currently, our roster consists of approximately fifteen student volunteers. We take responsibility to train and educate all of our members in our methods and procedures. All of our new members go on to receive their New York State Emergency Medical Technician certification. HWS EMS operates as an entirely volunteer, non-charging, non-paid, student run medical service.

DOCUMENTS INCLUDED IN THIS APPLICATION

The following documents are included:

- Information about HWS EMS
- Information on the application process
- Application for Membership (and the Spring EMT-B course)
- HWS Colleges Background Check Permission Form
- Recommendation forms (2)

MEMBERSHIP

The membership structure of the Hobart & William Smith Emergency Medical Service is designed to ensure that the HWS community receives the highest quality BLS care from appropriately certified, trained, and mannered student responders. HWS EMS does not discriminate against any applicant for membership based on race, color, religion, gender, national origin, ethnicity, or orientation. Any complaints and/or concerns must be submitted to the HWS EMS Service Advisor with proper documentation (see Additional Forms: Complaints) within 3 months of the incident unless extenuating circumstances apply.

CRITERIA FOR MEMBERSHIP

The following criteria must be met for an individual to be a member of HWS EMS:

1. Be a student member of the Hobart & William Smith community *
2. Cannot be in their senior year when applying unless approved by the EMS Chief
3. Must be in good standing (academically and socially) with the Colleges
4. Must be at least 18 years old by the time of NYS Exam
5. Provide identification (Driver's License, Passport, State ID)

The additional criteria must be met for an individual to be an active member:

6. Maintain a current NYS certification as an EMT-B or higher
7. Maintain a current AHA certification in BLS CPR

* The Service Advisor is a non-student member of HWS EMS



APPLICATION PROCESS

Any individual meeting the above listed criteria may apply for membership to HWS EMS. This will first involve completing a full HWS EMS Application. The applicant will then be contacted to participate in at least one interview with members of the Application Review Board. If accepted, the individual may begin their New Member period at the discretion of the EMS Chief. Any accepted members will be required to fill out a contractual agreement form (see additional forms).

APPLICATION PROCESS (FOR CERTIFIED INDIVIDUALS)

Any individual meeting the above listed criteria may apply for membership to HWS EMS. This will first involve completing a full HWS EMS Application. The applicant will then be contacted to participate in at least one interview with the Executive Staff. If accepted, the individual may begin their New Member period at the discretion of the Executive Staff. Any accepted members will be required to fill out a contractual agreement form (see additional forms).

2.4.1 Current NYS EMTs

Any applicant who is currently certified as a NYS EMT Basic or higher may apply to HWS EMS. This applicant's certification must be in good standing with NYS DOH and must submit copies of his/her EMT and AHA BLS certification with the application. Please note, HWS EMS reserves the right once an application has been submitted to confirm the EMT's standing with NYS.

2.4.2 Off-Campus Classes

These EMT-Basic classes are non-(HWS EMS)-facilitated, NYS approved courses an individual may chose to take either during the academic year or during a winter or a summer recess. Enrollment and completion of one of these courses may not result in a transfer of academic credit (as HWS EMS facilitated courses do). It is up to the individual whether or not he/she enrolls in an off-campus course, but it is strongly suggested they alert and coordinate this decision with the Executive Staff. Courses offered at Finger Lakes Regional EMS Council, if facilitated with HWS EMS, are not considered off-campus.

2.4.3 Reciprocity

Any out-of-state certified/licensed EMT interested in applying for membership must first apply for reciprocity to NYS. If the out-of-state applicant requires any aid, they may contact a member of the Executive Staff who may direct them to the Finger Lakes Regional EMS Council. At the discretion of the Executive Staff, the out-of-state certified/licensed EMT may begin the HWS EMS membership (for current NYS EMTs) while applying for NYS certification. It is the responsibility of the individual student to obtain NYS reciprocity and not the responsibility of HWS EMS.



APPLICATION PROCESS (FOR CONTRACT INDIVIDUALS)

Any individual meeting steps 1 through 6 of the above listed **criteria for membership** may apply to HWS EMS. The process for First Years candidates is slightly different than that for Second Years and Third Years, and will be overviewed below. In either case, the application process will first involve completing a full HWS EMS Application for Contract Individuals including a required contractual agreement form (see additional forms). The applicant will then be contacted to participate in at least one interview with the Executive Staff.

If accepted, the new member-in-training will enroll in the next available HWS EMS (facilitated) EMT Basic course. Once enrolled, the EMT student will be required to dutifully fulfill the required course work and testing while attending HWS EMS meetings (unless excused by a member of the Executive Staff). In return, HWS EMS will supply the agency code number to the course instructor verifying membership and thereby making the student eligible for full tuition reimbursement by the State of New York. Once certified by NYS, the EMT student will become a New Member of HWS EMS.

2.5.1 First Years Contract Applicants

Specific considerations for First Years contract applicants not addressed in the above process regard the application timeline. First Years students interested in joining HWS EMS will have the opportunity to initiate the application process in the fall semester however they may not enroll in the EMT basic course until their First Year spring semester. First Years applicants may attend HWS EMS meetings at the discretion of the EMS Officers.

If taking the course during the First Years year, the contract will state that he/she will be active with HWS EMS for four academic semesters beginning with two consecutive semesters immediately after successfully completing the EMT course and passing the NYS certification exam. Leave of absence for study abroad must be limited to one semester.

2.5.2 Second Year & Third Year Contract Applicants

Specific considerations for Second Year & Third Year contract applicants not addressed in the above process regard the application timeline. Current Second Years and Third Years may apply in the fall semester and enroll in the EMT course that spring. In specific circumstances, rising Second Years and Third Years may apply during that previous spring (when they are current First Year or Second Years) and enroll in a fall EMT course. Second Year & Third Year applicants may attend HWS EMS meetings at the discretion of the Executive Staff. Please note that current and even rising Third Years may face a more rigorous application process as returned time commitment to HWS EMS is limited. The decision ultimately lies with the Executive Staff.

If taking the course during the Second Year or Third Year, the contract will state that he/she will be active with HWS EMS for at least three semesters (or if in their Third Year, the duration of their academic career at HWS) beginning immediately after successfully completing the EMT course and passing the NYS certification exam.



**APPLICATION FOR MEMBERSHIP TO
HOBART & WILLIAM SMITH EMERGENCY MEDICAL SERVICE**

APPLICATIONS ARE DUE BY 6PM ON OCTOBER 18TH, 2019

When completed submit this exact document (with additions as needed) in the attached envelope to:
Hobart & William Smith Emergency Medical Service
300 Pulteney St., Geneva, NY 14456

DEMOGRAPHICS

Full Name:

Preferred Name:

Age:

DOB:

Hobart/William Smith:

Year:

Preferred Email:

Campus Mailbox:

RECOMMENDATIONS

Please list the contact information of two individuals serving as your references. One reference must be a **non-student** on campus (such as a professor, supervisor or administrator who knows you fairly well). The other may be another **non-student** from campus, a Residential Advisor or a professional contact from a previous work/education experience.

1. NAME:

RELATIONSHIP:

PHONE:

2. NAME:

RELATIONSHIP:

PHONE:

PERTINENT INFORMATION (please use additional space as needed)

Major(s) & Minor(s) [or concentrations if undeclared]:

On-Campus Responsibilities and/or Employment:

On-Campus Groups & Organizations (include positions held):



EMERGENCY MEDICAL SERVICES BACKGROUND *(please use additional space as needed)*

Have you ever received training to become an Emergency Medical Technician? If so, where and when?

Are you currently, or have you ever been, a Certified Emergency Medical Technician? If so, what state(s) and years of experience?

Have you ever worked for an Emergency Medical Service? If so, in what position, for what duration, and the name (and phone number) of a supervisor we can contact.

Have you ever received (and do you maintain) CPR/AED/First Aid/Lifeguard training? If so, who was the organization (American Heart Association, American Red Cross, etc.), what was the specialization (Professional Rescuer, Babysitter, etc), and when does it expire?

If you are not currently a New York State EMT-Basic, if accepted to the Service, would you be interested in completing the EMT course through HWS (in Spring 2020) or independently (over the summer)?

ESSAY *(please attach completed essay to this document)*

On a separate document (typed, approximately 500 words) please explain why you are interested in joining HWS EMS (and taking the EMT course if not certified). Consider the following questions when responding: What skills/abilities/attributes make you a strong candidate? Have you had any interactions with EMS? What do you hope to gain from this experience?



RECOMMENDATION FOR MEMBERSHIP TO HOBART & WILLIAM SMITH EMERGENCY MEDICAL SERVICE

Organized in 2005, and operating since August 2008, the Hobart & William Smith (Colleges) Emergency Medical Service (HWS EMS) has been committed to providing a professional and rapid first response emergency medical service to the community of Hobart & William Smith Colleges, in Geneva, New York. Our Service is founded with a commitment of compassion, professionalism and support to not only the HWS Colleges but also the greater Geneva community. During the academic year, we are available to respond 24/7 to all emergency medical calls on campus as well as perform standby coverage as requested. HWS EMS operates as an entirely volunteer, non-charging, non-paid, student run medical service.

Currently, our roster consists of approximately fifteen professional (student) responders. We take responsibility to train and educate all of our members in our methods and procedures. All of our new (uncertified) members go on to receive their New York State Emergency Medical Technician certification, a course of approximately 160 hours which runs from late January until early May.

It should be noted that both the course and the emergency pre-hospital profession can be demanding and at times exhausting (physically, mentally, and emotionally). EMTs must be able to perform their duties competently and professionally. They must be able to communicate effectively with both the patient and other members of the health care team, be able to make critical decisions under pressure, and maintain complete confidentiality. In receiving this application, the below listed candidate has asked that you verify that they are a competent individual for this process. **We ask that you please give this request for a recommendation your full attention, consideration, and honesty as this process is not to be taken lightly.**

When completed please submit to: **Hobart & William Smith Emergency Medical Service**
300 Pulteney Street
Geneva, New York 14456

If you have any questions, please feel free to contact us at ems@hws.edu.

APPLICANT'S PRINTED NAME:

RECOMMENDER'S PRINTED NAME:

APPLICANT'S SIGNATURE:

RECOMMENDER'S SIGNATURE:

DATE SIGNED:

DATE RECOMMENDATION COMPLETED:

I (the above-signed applicant) WAIVE (or) DO NOT WAIVE my right of access (under the Family Educational Rights and Privacy Acts of 1974) to this recommendation. I understand that if I chose to waive my rights, I will not be able to review the recommendation submitted (unless released by the recommender) thus allowing the recommender the ability to write freely and honestly without consequence.



PART I: Character Rating

Please carefully read the statements below and circle the number that best represents your rating of the applicant.

<i>It is my belief that the applicant...</i>		Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
1	is a positive member of the community	1	2	3	4	5
2	is responsible and dependable	1	2	3	4	5
3	is honest	1	2	3	4	5
4	is trustworthy	1	2	3	4	5
5	is emotionally mature	1	2	3	4	5
6	is compassionate	1	2	3	4	5
7	has a strong work ethic	1	2	3	4	5
8	has a strong sense of priorities	1	2	3	4	5
9	has a strong set of values and morals	1	2	3	4	5
10	communicates clearly and effectively	1	2	3	4	5
11	can earn the respect and confidence of others	1	2	3	4	5
12	can demonstrate sensitivity to others	1	2	3	4	5
13	responds appropriately to authority	1	2	3	4	5
14	acts appropriately in a position of authority	1	2	3	4	5
15	acts appropriately in a team setting	1	2	3	4	5
16	acts well under stress	1	2	3	4	5
17	is able to adapt to a variety of situations	1	2	3	4	5
18	is capable of making critical decisions	1	2	3	4	5
19	is capable of sacrificing time/energy for others	1	2	3	4	5
20	is someone I would trust to treat my family	1	2	3	4	5

PART II: Letter of Recommendation

On a separate piece of paper, please describe in detail why this individual would be a beneficial addition to our Service on campus. Please take into consideration the following questions when responding:

- How well and in what capacity you know this applicant
- Any strengths or weaknesses of this applicant
- Why you feel the applicant would or would not be able to be an effective EMT
- If you foresee any academic problems for this applicant if (s)he was to take the EMT class
- Any explanation of the above "character ratings"

RECOMMENDER'S PRINTED NAME:

RECOMMENDER'S TITLE/ POSITION:

RECOMMENDER'S ADDRESS:

RECOMMENDER'S PHONE NUMBER/EMAIL:



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Currently, our roster consists of approximately thirty professional (student) responders. We take responsibility to train and educate all of our members in our methods and procedures. All of our new (uncertified) members go on to receive their New York State Emergency Medical Technician certification, a course of approximately 130 hours which runs from late January until early May and represents 1 course credit (recognized by HWS).

It should be noted that both the course and the emergency pre-hospital profession can be demanding and at times exhausting (physically, mentally, and emotionally). EMTs must be able to perform their duties competently and professionally. They must be able to communicate effectively with both the patient and other members of the health care team, be able to make critical decisions under pressure, and maintain complete confidentiality. In receiving this application, the below listed candidate has asked that you verify that they are a competent individual for this process. **We ask that you please give this request for a recommendation your full attention, consideration, and honesty as this process is not to be taken lightly.**

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If you have any questions, please feel free to contact us at ems@hws.edu or leave a message at 315.781.4490

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RECOMMENDER'S PRINTED NAME:

APPLICANT'S SIGNATURE:

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RECOMMENDER'S TITLE/ POSITION:

RECOMMENDER'S ADDRESS:

RECOMMENDER'S PHONE NUMBER/EMAIL:



APPLICATION FOR MEMBERSHIP TO HOBART & WILLIAM SMITH EMERGENCY MEDICAL SERVICE

Permission to Perform A Background Review Check

I hereby allow Hobart & William Smith Emergency Medical Service to request the Associate Vice President of Campus Safety or designee to perform a check of my background, including Hobart & William Smith Colleges' Academic and Social standing, criminal record, driving record, volunteer history, education and/or professional status and personal references. I hereby allow HWS EMS to perform a check of all previously mentioned items.

I understand that information collected during this background check will be limited to that appropriate for determining my suitability for particular types of volunteer work and that all such information collected during the check will be kept confidential.

Also, I hereby extend my permission to those individuals or organizations contacted, for the purpose of this background check, to give their full and honest evaluation of my suitability for the described volunteer work and other information they deem appropriate.

I acknowledge that this permission for review is valid for one month from the date received by the HWS EMS Application Review Board. Details of the results will be submitted by the Hobart or William Smith Dean's Office to the HWS EMS Service Advisor, who will in turn present a list of acceptable applicants to the HWS EMS Application Review Board. HWS EMS Student Officers/Responders will not be made aware of details regarding an applicant's Academic or Social standing unless determined pertinent by the Service Advisor.

I understand that I do not have to agree to this background check, but refusal to do so may exclude me from consideration for membership to Hobart & William Smith Emergency Medical Service. I finally understand that Hobart & William Smith Emergency Medical Service reserves the right to deny membership based on these findings and the recommendation of the Hobart & William Smith Administration.

APPLICANT'S PRINTED NAME:

WITNESS'S PRINTED NAME:

APPLICANT'S SIGNATURE:

WITNESS'S SIGNATURE:

DATE SIGNED:

DATE WITNESSED: