

Brandeis Emergency Medical Corps Membership Application



BEMCo Number

Date (mm/dd/yyyy)

PERSONAL INFORMATION

Lastname, Firstname M.I.

Brandeis Student ID Number

Class Year

Mailbox

Date of Birth (mm/dd/yyyy)

CONTACT INFORMATION

Street Address

City

State

Zip

Campus Phone

Cell Phone

Email address

CERTIFICATION INFORMATION

Current, valid Massachusetts EMT Certification Number

Level of Certification

Expiration Date (mm/dd/yyyy)

Current, valid CPR Certification

Expiration Date (mm/dd/yyyy)

NREMT (if applicable)

Expiration Date (mm/dd/yyyy)

Out-of-State Certification (if applicable)

State

Other relevant certifications (with expiration dates)

(Please continue on reverse)

BEMCo Number

Date (mm/dd/yyyy)

INSURANCE INFORMATION

Do you carry any personal emergency medical and/or malpractice insurance? Yes No

If yes, please explain:

LEGAL HISTORY

Have you ever been convicted of a felony? Yes No

If yes, please attach a separate sheet explaining, in detail, the felony or felonies.

Have you ever had your EMT certification, in any state, suspended or revoked? Yes No

If yes, please attach a separate sheet explaining, in detail, the situation.

DRIVING INFORMATION

Driver's License Number: State:

Make, model, year, and color of car on campus:

Car's plate number: State:

ADDITIONAL INFORMATION

Please note any additional information you would like listed on this application:

SIGNATURE

By signing below, I hereby certify that all of the above information is current, valid, and complete to the best of my knowledge. I agree to adhere to the Constitution, Operating Rules, and Medical Protocols of the Brandeis Emergency Medical Corps. I will conduct myself in a professional manner, and endeavor to represent BEMCo well. I will fulfill the duties and responsibilities of a BEMCo member, and will provide emergency medical care to those in need to the best of my ability.

Signature

Date (mm/dd/yyyy)