



**Montclair State University
Emergency Medical Services
Membership Application**

Membership Application

Name:		Date of Application:	
Preferred Name:			
Permanent Address:			
Gender:	Date of Birth:	Resident <input type="checkbox"/>	Commuter <input type="checkbox"/>
Phone:	Campus Residence Bldg.: Room:		
CWID:			
Off Campus Residence:			
City:	St:	Zip Code:	Major:
GPA:	Academic Year:		
Expected Graduation:	E-Mail Address:		

Emergency Contact:

Name:		Relationship:	
Address:			
City:	St:	Zip:	
Phone:	Alternate Phone:		

Confidentiality Form

This policy has been established for all who are involved in any capacity of the provision of patient care in order to ensure student/patient confidentiality. Each person who is involved in providing services is required to read and sign a copy of the statement below. The signed original will be retained in the member's employee file.

(Sign and initial the below statements)

I understand that in the course of my activities in providing patient as a member of MSU EMS, I may have access to protected health information (PHI) concerning the patients treated.

I understand that this information has been obtained and recorded solely for the purposes of providing patient care and maintaining a record of medical information, and that under no circumstances will I disclose any information concerning a patient's presence, status, care provided, medical condition, or history to anyone other than pertinent medical staff directly involved in the care of said patient, I further understand that violation of this policy may be considered grounds for my termination from MSU EMS.

I agree that if I have any questions about this policy, I will contact the Director of EMS.

I agree that if will forward all requests for patient information to the Director of EMS.

Name (Print)

Date

Signature

Acknowledgement of Receipt of Standard Operating Procedures.

By signing this form, I indicate that I have received a copy of the Standard Operating Procedures for MSU EMS and that I understand that failure to abide by these rules and procedures could result in disciplinary action and /or dismissal from the organization. In order to be eligible for the department, all applicants must be eligible to sit for and be certified as an EMT in the State of New Jersey.

Signature

Date

AUTHORIZATION FOR BACKGROUND CHECK

Full Legal Name (Last, First, Middle): _____

Other Names / Nicknames / Also Known As: _____

Date of Birth: _____

Do you have a current Driver's License? YES NO

DL Number and State: _____

I authorize the Montclair State University Police Department to run a basic background check for any current wants or warrants by law enforcement agencies.

- I understand that any information obtained by this background check will be considered in determining my suitability for volunteer employment with Montclair State University Emergency Medical Services. All applicants must be eligible to be certified as an EMT in the state of New Jersey in order to be accepted into the department. No applicant may begin training with MSU EMS until they have successfully passed a background check, which may include a driving abstract.
- I understand that falsification, misrepresentation, or omission of any facts pertaining to this background check will be cause for denial of volunteer employment or immediate termination of volunteer employment regardless of the timing and circumstances of discovery.
- I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of the background check will result in withdrawal of any offer of volunteer employment or termination of volunteer employment or service.
- I understand that if contradictory results are found, additional information may be requested of me to help verify and ascertain identity and/or validity of the background check results.

APPLICANT SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY:

Check Conducted by: _____ Date Conducted: _____

Wants & Warrants Results: Clear (Wants & Warrants) Not Clear (Wants & Warrants)

Incorrect or Insufficient information (comments):

Volunteer Employee Standards

This Volunteer Standards document is a contractual agreement accepted by volunteer employees of Montclair State University Emergency Medical Services (MSU EMS). The Standards shall guide their involvement while serving as a volunteer employee. It is important to remember that while serving as a volunteer employee with MSU EMS can be a very enjoyable and rewarding experience, it is a privilege and responsibility, not a right.

MSU EMS provides quality emergency medical care and education to the campus and surrounding communities of Montclair State University. The primary purpose of these Volunteer Standards is to ensure the safety and wellbeing of all volunteer employees and the members of the community they serve, as well as allowing for the best possible experience for all volunteer employees of MSU EMS.

MSU EMS volunteer employees are expected to function within the department’s Standard Operating Procedures, as well as other University rules and regulations, the New Jersey State Basic Life Support Treatment Protocols, and all applicable state and federal laws. It is expected that MSU EMS volunteer employees act professionally at all times, and conduct themselves with integrity, honesty, and responsibility.

Specifically, MSU EMS volunteer employees will:

- Accept supervision and support from the Director of Emergency Medical Services, appointed EMS operations officers, or other MSU officials
- Maintain a Grade point average over 2.75.
- Accept responsibility for tasks assigned and complete them in accordance with established procedures or directives.
- Uphold patients’ rights, as outlined in the Patient’s Bill of Rights
- Conduct themselves in an honest, courteous and respectful manner and serve as a positive role model
- Not abuse any patient or fellow employee physically or verbally and will report such abuse if observed.
- Not commit a felonious criminal act and will report any criminal charges and/or motor vehicle offenses to the Director of EMS should they occur.
- Perform duties in a responsible and timely manner
- Accept the responsibility to promote and support MSU EMS

I have read and understand the Volunteer Employee Standards outlined above. I understand and agree that any action on my part that contradicts any portion of these standards is grounds for suspension and/or termination of my volunteer employee status with MSU EMS.

Signature of Volunteer Employee

Date

Volunteer Training Agreement

I, _____, am a student/faculty member at Montclair State University interested in becoming an active member of MSU Emergency Medical Services, I have been offered a Training Voucher which will allow me to attend an Emergency Medical Technician – Basic training program offered in New Jersey free of charge. I understand that this voucher is intended only for members of a volunteer EMS service within the state of New Jersey.

By accepting this voucher, I agree to provide MSU EMS with the following:

- Twelve hours per week for at least two consecutive semesters prior to receiving the EMT training voucher. Twelve hours per week for at least two consecutive semesters upon completion of Basic EMT training and a passing exam score.

___ I accept the training voucher and agree to volunteer as indicated above.

___ I decline the training voucher and will pay for training on my own.

Signature

Date

Consent to Use Photographs

I, _____, grant permission to Montclair State University EMS and its representatives and employees the right to take and use photographs of me that have been submitted and to use them for department promotion and social media. I authorize that Montclair State University EMS may use such photographs of me with or without my name and for any lawful purpose, including for example, such purposes as publicity, department promotion, program development, illustration, advertising, and web content (including departmental social media accounts). I have the right to revoke this agreement at any time with written notice.

I have read, understand, and agree to the above:

Signature: _____

Printed name: _____

Address: _____