



Lehigh University Emergency Medical Service Application for Membership

Email: inluems@lehigh.edu

Name (Last, First): _____ Date: _____ (DD/MM/YYYY)
Year (Frosh, Soph, etc.): _____ Sex: Male / Female Date of Birth: _____ (DD/MM/YYYY)
Major (if applicable): _____
Lehigh ID: _____ Alternate E-mail: (optional) _____
Phone # (555-555-5555) _____

Do you hold a current EMT or CPR certification: EMT / CPR / BOTH / NONE
If EMT, What state: _____
If NONE, are you interested in becoming EMT Certified: YES / NO

Have you had any past experiences in or with Emergency Medicine or EMS services: YES / NO
If YES, Please Explain: _____

How did you hear of Lehigh EMS (Club Fair, Friend, etc.)

Why would you like to apply to join Lehigh EMS:

The purpose of LUEMS is listed as follows in our SOPs: "The Lehigh University Emergency Medical Services (LUEMS) exists to provide emergency medical care, without cost, to the students, faculty, staff, and community, which comprise the Lehigh University family." Please explain what you wish to gain by joining LUEMS.

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What else are you involved in on campus? (clubs, work, Greek life, etc.) Do you currently hold or have you ever held any leadership roles in any of those organizations?

What in particular would make you a good candidate for LUEMS membership?

Do you have any additional questions for the LUEMS E-Board that you would like us to further discuss?

(Please read and sign the items on the next page)



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The following will be expected of new members of LUEMS:

Members will attend an interview with at least current one executive board member, during which they will outline their reasons for wishing to join LUEMS.

Members will attend a new member training class. Upon successful completion of a final examination, members will be inducted into the organization as "Observers" (OBS), unless proof of PA EMT-B certification or reciprocity is produced.

Members will submit at least 6 shifts per month, and will take all shifts assigned to them. If they cannot take an assigned shift, they must find coverage.

Members will attend meetings at 1800 hours (6 p.m.) on alternate Tuesdays.

Members will enroll in an EMT class within eighteen (18) months of joining LUEMS.

Members will serve as part of a standby crew for at least two (2) events per semester.

Members will adhere to rules and uphold standards of LUEMS as outlined in LUEMS by-laws and Standard Operating Procedures (SOP's).

I, _____, have read and understand the conditions of membership and, if accepted, will adhere to them as stated. In the event that I cannot follow any condition(s) I understand that I am to immediately notify a member of the Executive Board in writing of my conflict in order to attempt to determine a solution. I understand that failure to do so may result in termination of membership within the organization.

Applicant Name Print: _____

Applicant Signature: _____ Date _____

Note: Lehigh University EMS is an equal opportunity organization. Applications consist of a written and an interview portion, which act as the sole basis of the acceptance or rejection of membership candidates. Executive Board members review those materials and vote individually based on applications as received from the applicant. In order to be considered for application, one must be a current student, faculty, staff member, or alumnus/a. Beyond this qualification, no decision will be made based upon race, gender, religion, sexual orientation, class status or any other factor which does not pertain directly to the quality of the applicant as presented to the Executive Board."