

EMS Membership Information and Application

- Montclair State University EMS is a volunteer emergency response team comprised of full-time students.
- We are always looking for certified EMTs and we also accept a limited number of non-certified students.
- Students who are not currently certified as EMTs are expected to attain EMT certification during the first Summer semester after acceptance into the EMS program.
- Attending an EMT training program for certification may be a full-time commitment during the summer months for a period of 5-6 weeks. This may interfere with the ability to attend to other activities such as research, vacation or employment, depending on the circumstances.
- EMS is not a club. We are a fully-operational EMS agency (year-round) and we expect our members to function with the same level of commitment as any other employment.
- We operate 7 days a week including the Summer months. We are only out of service when campus is closed for holidays, Spring break and Winter break.

Minimum Requirements for Membership:

- Full-time student with a minimum GPA of 2.75. The minimum GPA must be maintained each semester.
- Professionalism and strong communication skills.
- A clean criminal background check and driving history.
- Must agree to complete our training requirements within established timeframe.
- Must be able to work as a member of a team in stressful situations.
- Ability to volunteer a minimum of 12 hours per week, plus one additional 12-hour weekend shift per month once certified as an EMT.
- Availability for shifts during the Summer.
- A valid healthcare-provider CPR card (we provide training).
- EMT Certification with previous EMS experience is preferred.

Application Process:

- Completed applications should be submitted via email to ems@montclair.edu.
- The application form contains an authorization form to conduct a background check and driving history, personal information, contact details, educational background, and any relevant certifications or training.
- After submitting your application, you will be contacted by email.
- **Positions are filled on an as-needed basis.**

Interviews: Once the application is deemed to meet the minimum criteria, candidates may be invited for interviews with the Membership Lieutenant, Membership Committee or Director. The interview will assess the candidate's interest in EMS, qualifications, relevant experiences, teamwork abilities, and commitment to serving the campus community.

Acceptance and Trial Period: Upon selection, candidates will receive provisional acceptance into the EMS program for a three-week trial period to help both parties determine if this position is the right fit. During this time, we will assess your compatibility with department, performance expectations, and job responsibilities. Similarly, you can evaluate if this role meets your goals and expectations. Please note that during this trial period, either party has the right to terminate acceptance. This is to ensure that we maintain a productive and positive work environment for everyone.

- **SHIFT REQUIREMENTS:** Members are required to volunteer for three (3) shifts per week for a total of twelve (12) hours per week, one additional 12-hour weekend shift per month, and special events as assigned (Homecoming, etc.).

Our shifts are scheduled as follows:

- 7am-11am
- 11am-3pm
- 3pm-7pm
- 7pm-11pm
- 11pm-7am

Training Requirements:

- All EMS members must attend monthly evening training meetings. Training meetings typically take place on the first Wednesday evening of each month.
- EMS members are expected to complete training requirements within an established timeframe.

New Jersey State EMT Training Fund Voucher And Sponsorship To Attend A NJ EMT Initial Training Course:

- If accepted, students who successfully complete our in-house EMS training and who meet performance standards within the established timeframe may be eligible to receive a New Jersey EMT Training Fund Voucher to attend a state-approved EMT training program at no cost during a summer semester.
- Vouchers are given to a limited number of students on a case-by-case basis at the discretion of the Director.
- Students who receive vouchers must contractually agree to remain volunteer members in good standing with our department for a minimum of one year

following EMT certification, which may include weekend and/or shifts during the Summer.

- The training fund voucher does not include the cost of the EMT course textbook or materials, which may be in excess of \$400.00.
- **Students who wish to be sponsored with a training fund voucher should plan on applying in their Freshman or Sophomore year.**



**MONTCLAIR STATE
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Emergency Medical Services Membership Application

Name:		Date:		
Preferred Name:		CWID:		
Currently Certified as EMT?	Yes No Currently in EMT School	Date of Birth:		
Permanent (Home) Address:	Street:			
City:	State:	Zip:		
Phone Number:				
Commuter:	Campus Resident:	Dorm Building/Room#:		
Major:	GPA:	Expected Graduation Date:		
Academic Year: Freshman	Soph.	Jr.	Sr.	Grad Student
Email Address:				
Emergency Contact Name:				
Phone:	Address:			
Alternate Phone:				
Emergency Contact Relationship:				
Please list any current certifications (CPR/ICS/CEVO, etc):				

In one or two sentences, please tell us why you would like to join EMS.

If you have previous EMS experience, please list your role with the squad, the name of the squad, and months/years of participation:

If you have any of the following certifications, please attach copies to this application when you email it to ems@montclair.edu:

- **EMT/NREMT**
- **BLS CPR**
- **ICS 100, 200, 700, 800**
- **CEVO/EVOC**
- **Blood Borne Pathogens**
- **Hazmat Awareness**
- **Any other applicable certifications**
- **Valid Drivers License**
- **MSU School ID**

If you do not have a GPA at Montclair State University because it is your first semester here, please note that if accepted, you will be considered to be on academic probation with the squad until your grades are posted. If at that time, you do not meet a minimum GPA of 2.75, you will be removed from the squad roster. You would be able to reapply once your grades meet the 2.75 GPA.

If you are a transfer student, please list the GPA from your former institution.



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Emergency Medical Services

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 meet the State of New Jersey EMT eligibility requirements 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):



Emergency Medical Services

DRIVER ABSTRACT AUTHORIZATION

I have been advised that a valid motor vehicle operator’s license is a condition for employment in connection with the position to which I have been hired as a Volunteer Employee at Montclair State University Emergency Medical Services.

I understand that the University has the right to perform an annual review and obtain an abstract of my New Jersey Division of Motor Vehicles driving record.

I further understand that if my driver’s license is ever suspended or revoked, or if I should, in any way, either permanently or temporarily, lose my driving privileges in the state of New Jersey, it is my responsibility to immediately notify the Director of EMS of this fact. The loss of one’s driver’s license may result in reassignment, suspension, or termination.

Name _____

Signature _____

Date _____

Driver’s License State: _____

Driver’s License Number: _____

Driver’s License Expiration: _____