



Saint Bonaventure University Medical Emergency Response Team

APPLICATION FOR MEMBERSHIP

*Please fill in all applicable fields. Incomplete applications will not be considered. *

[Redacted area]

Certifications (Please submit copies of all certifications with your applications)

ate: - / - / Driver's License #: Issuing State: Exp. D

Issuing State: Exp. Date: / / EMT Cert. #:

OPR Certification (i.e. infant/child/adult)

Exp. Date: - / - / Issuing Organization (i.e. AHA, ABC, etc.):

Exp. Date: - / - /

Background

Have you ever been convicted of a felony? YES NO

Have you ever had disciplinary action taken against you? YES NO

from running the ambulance or other EMT activities, including, running, driving etc? YES NO

If you answered 'YES' to any of the above, please explain below.

(NOTE: NY state law prohibits any individual with a criminal record from becoming an EMT or paramedic.)

[Redacted area]

