# UNIVERSITY OF RICHMOND
## EMERGENCY MEDICAL SERVICES

## Membership Application

Contact urems@richmond.edu with any questions. Applications may be completed electronically, but a printed, signed copy must be submitted to the membership officer with a copy of CPR certification card, SpiderCard, and other applicable certifications.

Name: _____ Date of birth: _____

Expected Graduation Year: _____ UR ID number: _____ UR netid: _____

Preferred email: _____ UR Post Office Box Number _____

Cell phone number  ( ____ ) _____

**Major(s)/Minor(s) (If undeclared, please list intended majors/minors):**

_____

Are you CPR-certified?      YES    NO        If yes, please complete the following:

Certifying Organization: _____

Expiration Date: _____  In what state did you take the CPR Course? _____

If you do not have a CPR card are you interested in taking a class?   YES   NO

Do you have any other related certifications (first aid, life guarding, NIMs, etc)?    YES    NO

## Additional Questions for First Responder Applicants

**Are you currently certified as an EMT-B or higher in VA or another state in the US?**

    YES         NO

**If certified in another state, have you begun the reciprocity process? (We can help!)**

    YES         NO

**What activities or organizations are you with at UR? For first-years, you can list activities you intend to become involved in or were you involved with during high school.**

**Is there anything else you would like for us to know about you?**

**SPECIAL NOTE**

The executive board will review each membership application prior to the next general membership meeting. To gain membership, you must attend the next general meeting.