



McGregorEMS.org  
TEL: 603.862.3674  
FAX: 603.862.4415

# McGregor Memorial EMS

formerly Durham Ambulance Corps  
"Committed to Compassionate Excellence"

Chris Lemelin  
Membership Coordinator  
CLemelin@McGregorEMS.org



McGregorInstitute.net  
47 COLLEGE RD  
DURHAM, NH 03824

Thank you for your interest in becoming a member of McGregor Memorial EMS. McGregor is a volunteer, non-profit organization that provides high quality emergency ambulance service to the communities of Durham, Lee, Madbury, and the University of New Hampshire. McGregor Memorial EMS was founded in 1968 in memory of Dr. George McGregor and was recently named the New Hampshire, "EMS Unit of the Year." Our membership consists of highly trained, professional providers certified as EMT-Basics, EMT-Intermediates, Paramedics, and non-medical associate members. The application process is designed to provide a glimpse of what being a McGregor volunteer will be like so you can see if it is right for you.

The steps below must all be completed in order to be considered as a McGregor volunteer and gain admission to our training program. *These steps do not need to be completed in order and many applicants find that it is easiest to work on more than one part of the process at a time.* The entire application process (not including the Observation time) typically takes about one and a half to two hours. Please contact the membership coordinator with questions about any of these steps.

✓ **Meet with the Membership Coordinator**

Anyone who thinks they might be interested in volunteering for McGregor Memorial EMS is encouraged to meet with the membership coordinator, Chris Lemelin. The purpose of this meeting is to provide additional information about the process, expectations for McGregor volunteers, and to address any questions you have. Those not already participating in the McGregor Observer program will be enrolled at this time and an observer orientation will be provided. To schedule a meeting, please contact Chris directly by e-mailing him.

✓ **Observe with McGregor EMS**

All potential McGregor volunteers spend time participating in the McGregor Observer program. *We require 32 hours of observation time in any one month or thirty day period.* This provides a valuable opportunity to spend time at the station and go on ambulance calls as they occur. Please contact the membership coordinator if you have any questions or if you need assistance scheduling shifts.

✓ **Complete the McGregor Membership Application**

Complete the three page application packet. Take the time to fill it out accurately and be sure to sign it at the end. Turn it in to the Membership Coordinator's mailbox or mail it to the address above.

✓ **Ensure that three references have been turned into the Membership Coordinator**

Each applicant must provide three character references to the Membership Coordinator. The person completing the reference may use the form provided or may submit a letter covering similar topics. References may be emailed, faxed, or mailed to McGregor.

✓ **Meet with the Membership Coordinator for an Interview.**

Near the end of the application process, the applicant and Membership Coordinator will meet once again in order to discuss the time spent observing and answer any remaining questions the applicant has. This is also an opportunity to discuss Probationary Provider training program. In order to schedule an interview please contact the membership coordinator.

✓ **Attend a Training Weekend.**

Those invited to join McGregor will be required to attend one of the regularly scheduled Probationary Provider training weekends. This intensive weekend will be the foundation of the rest of your training.

It is our goal to make the membership application process easy as possible while still providing ample opportunities to communicate and get to know one another. For help with any part of this process please do not hesitate to contact the membership coordinator. *We look forward to having you join our team!*

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## McGregor Application

Please Print or Type

I am applying to be a\*: Volunteer EMT      Non-medical Volunteer      Other: \_\_\_\_\_

How did you hear about McGregor? \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Permanent Address (if different): \_\_\_\_\_

Local Address (if applicable): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Are you a Student? Where: \_\_\_\_\_ Expected Graduation: \_\_\_\_\_

Field of Study: \_\_\_\_\_ GPA: \_\_\_\_\_

Certifications: NREMT-B    NREMT-I    NREMT-P    NH Transition Modules? Yes    No

Other Certifications: \_\_\_\_\_

Are you associated with any member of McGregor? If so, who?: \_\_\_\_\_

Do you have any prior EMS, other emergency service, or medical experience? What other volunteer positions have you applied for? Please describe attaching additional pages if needed. \_\_\_\_\_

### References: (Please have each reference fill out one of the enclosed forms)

Name	Address	E-Mail	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

\* Please note that all McGregor volunteers are expected to help with a range of tasks.

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*All McGregor members are expected to occasionally assist with non-medical projects. For each category below please indicate if you have prior experience and / or if the item is something you would be interested in helping with as a part of the McGregor team.*

<b>Computers &amp; Technology</b>	<b>I have experience with this</b>	<b>I'd like to help with this</b>	<b>Public Outreach</b>	<b>I have experience with this</b>	<b>I'd like to help with this</b>
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	Teaching	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	Photography	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	Press Releases	<input type="checkbox"/>	<input type="checkbox"/>
Filemaker Pro	<input type="checkbox"/>	<input type="checkbox"/>	Event Coordination	<input type="checkbox"/>	<input type="checkbox"/>
Adobe Dreamweaver	<input type="checkbox"/>	<input type="checkbox"/>	Advertising	<input type="checkbox"/>	<input type="checkbox"/>
Web Design	<input type="checkbox"/>	<input type="checkbox"/>	<b>Operational &amp; Administrative</b>	<b>I have experience with this</b>	<b>I'd like to help with this</b>
Graphic Design	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Network Admin.	<input type="checkbox"/>	<input type="checkbox"/>	Equipment Maint.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Finance</b>	<b>I have experience with this</b>	<b>I'd like to help with this</b>	Station Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Quickbooks	<input type="checkbox"/>	<input type="checkbox"/>	Corporate Training	<input type="checkbox"/>	<input type="checkbox"/>
Bookkeeping	<input type="checkbox"/>	<input type="checkbox"/>	Board Development	<input type="checkbox"/>	<input type="checkbox"/>
Grant Writing	<input type="checkbox"/>	<input type="checkbox"/>	Risk Management	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	Real Estate	<input type="checkbox"/>	<input type="checkbox"/>
Financial Planning	<input type="checkbox"/>	<input type="checkbox"/>	Supply Purchasing	<input type="checkbox"/>	<input type="checkbox"/>
Inventory Control	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

Please describe any other skills or experience that you are willing to share:

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Please list any non-medical tasks that you would like to work on as a McGregor Member:

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*Please answer each of the following questions completely. For each question, attach additional pages as necessary. Please also feel free to attach additional information for the Membership Committee to consider. Examples include a resume, additional recommendations, etc.*

Have you participated in any other volunteer work? Please describe: \_\_\_\_\_

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Why do you wish to volunteer for McGregor? \_\_\_\_\_

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What do you expect from McGregor during the initial training process? \_\_\_\_\_

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What can McGregor expect from you during the initial training process? \_\_\_\_\_

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McGregor is a volunteer organization that relies on the dedication of its members. Can you commit the necessary time to complete the training process and meet the minimum requirements defined by McGregor? How can you be sure? \_\_\_\_\_

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What did you think about the time spent Observing with McGregor? What could we do to improve this experience? \_\_\_\_\_

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Are your driving privileges restricted and/or prohibited for any reason(s) other than corrective lenses? Yes No If yes, please explain (attach additional pages if needed): \_\_\_\_\_

\_\_\_\_\_

Please list any: (a) pending criminal charges against you and / or (b) crimes you have been convicted of, or pled no contest to, which have not been annulled including any violations, misdemeanors, felonies, and motor vehicle moving violations. Please include the date, type, and level of offense (attach additional pages if needed). \_\_\_\_\_

\_\_\_\_\_

Do you need any accommodations to fully participate as a member of McGregor Memorial EMS? \_\_\_\_\_

\_\_\_\_\_

Please also include any other information you would like us to know. \_\_\_\_\_

\_\_\_\_\_

I hereby certify that the information contained within this application is true and correct and that omissions or misrepresentations may be grounds for rejection or dismissal from McGregor Memorial EMS. I promise to uphold the purposes of McGregor and to abide by its bylaws, rules, and regulations. I understand that as part of the application process, references will be solicited in order to confirm my character and suitability as a volunteer and/or employee at McGregor. I further agree to have my motor vehicle and criminal records examined at any time for the purposes of establishing my good character. I agree to hold McGregor EMS, its employees, members, and my references harmless for any information released during this background investigation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form and copies of certifications and licenses to:**

Attn: Membership Coordinator  
McGregor Memorial EMS  
47 College Road  
Durham, NH 03824

Revised: October, 2009; Version B



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## Recommendation Form

CLemelin@McGregorEMS.org

Name of Applicant: \_\_\_\_\_

How long have you been acquainted: \_\_\_\_\_

Relationship to applicant (employer, friend, etc.): \_\_\_\_\_

**Please answer the following questions to the best of your knowledge giving examples whenever appropriate. Feel free to use this form, attach additional pages or write your own letter. When finished, please return to McGregor EMS by mailing, faxing, or emailing it using the information above.**

1. Is this individual reliable and dependable?
  
2. How well do you feel this individual works with others as part of a team?
  
3. Does this individual have strong leadership skills?
  
4. Describe how you believe this individual would react in a stressful situation.
  
5. How do you feel this person would deal with vulnerable individuals who are ill or injured?
  
6. Would you recommend this individual for membership to McGregor Memorial EMS?
  
7. Is there anything else you would like to add? Please use additional pages if needed.

The above information is true to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Title (if any): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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