



McGregorEMS.org
TEL: 603.862.3674
FAX: 603.862.4415

McGregor Memorial EMS

formerly Durham Ambulance Corps
"Committed to Compassionate Excellence"

Membership Coordinator
Volunteer@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 EMTs, Advanced EMTs, Paramedics, and non-medical volunteers. 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 us 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. **Meetings should be scheduled by emailing volunteer@mcgregorems.org**

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.

✓ **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. **Interviews should be scheduled by emailing volunteer@mcgregorems.org**

✓ **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



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I am applying to be a: Volunteer EMT / Medic Non-medical volunteer
 Paid EMT / Medic Other: _____

Please answer each question below completely. Attach additional pages if needed.

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: EMT / EMT Basic NREMT-I / Advanced NREMT-Paramedic

Other Certifications: _____ NH Transition Modules? Yes No

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? _____

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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.

Computers & Technology	I have experience with this	I'd like to help with this	Public Outreach	I have experience with this	I'd like to help with this
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"/>	Operational & Administrative	I have experience with this	I'd like to help with this
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"/>
Finance	I have experience with this	I'd like to help with this	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:

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. Attach additional pages as necessary.
Please feel free to attach additional information (e.g. resume, cover letter, etc.)*

Have you participated in any other volunteer organization? Please describe: _____

Why do you wish to join the McGregor team? _____

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

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

For Volunteer Applicants only: 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?

For Volunteer Applicants only: What did you think about the time spent Observing with McGregor? What could we do to improve this experience? _____



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Do you need any accommodations to fully participate as a member of McGregor Memorial EMS? (Attach additional pages if needed) _____

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): _____

Important: Read and answer each of the following questions carefully and completely. Do not leave any part of this section blank. Please note that a "yes" answer does not preclude you from membership or employment with McGregor EMS.

Do you have any pending criminal **or** violation level charges against you which have not been resolved by the court system? Yes No

Have you ever been convicted of, or pled no contest to, a crime **or** violation which has not been annulled (including violations, misdemeanors, or felonies)? Yes No

Have you ever been arrested (answer "no" if the arrest was annulled)? Yes No

Have you been found to be at fault in any motor vehicle accident(s) within the past 3-years? Yes No

Have you ever been convicted of, or pled no contest to, any motor vehicle moving violation (e.g. DUI, reckless operation, speeding, etc)? Yes No

Have your privileges to practice medicine ever been revoked or suspended? Yes No

If you are a UNH Student, do you have a record with the office of Conduct and Mediation? Yes No

If you answered yes to any of the questions above, please attach a statement explaining the circumstances surrounding your answer. At a minimum this should include the date, type, and (if applicable) level of offense and mitigating factors.



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

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

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.

I understand that employment at McGregor EMS is "at will," which means that either I or McGregor can terminate the employment relationship at any time, with or without prior notice and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of McGregor other than the Board of Directors has any authority to alter the foregoing.

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: February, 2013



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Recommendation Form

Volunteer@McGregorEMS.org



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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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