



# Stanford EMS Membership Application

## Contact Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Mailing Address: \_\_\_\_\_  
*Street Address/P.O. Box Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Cell Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

## Background

Stanford Affiliation: \_\_\_\_\_ Years at Stanford: \_\_\_\_\_  
*Undergraduate, Graduate, Staff*

Anticipated Graduation Year: \_\_\_\_\_ Major/Department: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Have you previously applied to Stanford EMS?  Yes Dates: \_\_\_\_\_  No  
*mm/dd/yyyy*

EMT Training Program: \_\_\_\_\_  
*Name Main Instructor Contact email or phone*

I give permission for Stanford EMS to obtain student records from my EMT training program.  Yes  No

Character Reference: \_\_\_\_\_  
*Name Relationship Contact email or phone*

Have you been convicted for a violation of law (excluding traffic violations with fine less than \$150)?  Yes  No

Have you ever been removed from a healthcare provider organization?  Yes  No

Have you ever had a healthcare certification revoked for any reason?  Yes  No

Have you ever been sanctioned for a violation of the Stanford Honor Code or Fundamental Standard?  Yes  No

If you answered "Yes" to any of the previous four questions, please provide explanation on a separate sheet. Answering yes to any of these questions does not automatically disqualify any applicant from membership

## Emergency Contact Information

Contact Name: \_\_\_\_\_  
*Last First Relationship*

Mailing Address: \_\_\_\_\_  
*Street Address/P.O. Box Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Cell Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_



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## Eligibility Requirements

Provide photocopies of the following documents

For EMT applicants: Current California EMT-I (Basic) certification

- Current healthcare provider CPR certification
- Proof of Hepatitis B immunization (available at <http://vadenpatient.stanford.edu> for students) or signed letter stating you do not want to be immunized
- Current driver's license
- Proof of health insurance

## Personal Statement

In the following space, describe why you want to join Stanford EMS. How do you plan to contribute, and what do you hope to gain from your experience?

I hereby certify that the above information contained in this application is true and complete to the best of my knowledge. Should I be accepted as a member of the Stanford University Emergency Medical Service, I agree to abide by the constitution, bylaws, operating procedures, and medical protocols of that agency. I understand that failure to abide by any of the above policies, any misrepresentation or false statement contained herein, or failure to uphold the Stanford Honor Code and Fundamental Standard may result in suspension or expulsion from the organization.

\_\_\_\_\_  
Signature (Type full name to sign)

\_\_\_\_\_  
Date

**Please email completed applications to:  
stemsofficers@lists.stanford.edu**

Received: Date: \_\_\_\_\_ Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Accepted:  Yes  No Date: \_\_\_\_\_

Last updated January 2025