



Prospective NBCEMS Member Questionnaire

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email: _____

Occupation: _____ Employer: _____

What County do you live in? _____ What Precinct? _____

Education (highest level completed): _____

Special Training and/or Certification: _____

Please indicate any special skills or expertise that you would bring to NBCEMS.

- | | |
|-----------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Certified (ECA, EMT-B, EMT-I, EMT-P, EMT-LP) | <input type="checkbox"/> Planning Evaluation |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Volunteer Outreach | <input type="checkbox"/> Computer Skills |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other (Please specify): |

Are you willing to receive training? YES NO

Are you now a member of or have ever been a member of other social or professional organizations? YES NO

If yes, please list:

Previous Volunteer Experience (Organization, Position, Responsibilities):

What (if anything) do you know about North Blanco County EMS organization and the services it provides?

How much time per month could you devote to NBCEMS? (including meetings)

Why are you interested in being a member of NBCEMS?

How are you planning to contribute as being a member of NBCEMS?

Please give three non-relative references:

NAME

ADDRESS

PHONE#

- 1.) _____
- 2.) _____
- 3.) _____

I have read the information provided, and I am interested in being a member with North Blanco County EMS. I believe I have the time, interest, and commitment to fulfill the role of an effective member. I understand and feel that I am able to respect the confidentiality requirements as being a member of this organization.

Signature

Date

Signature of Board President

Date Accepted by Board