

# ILLINOIS MEDICAL EMERGENCY RESPONSE TEAM APPLICATION

(Please read the attached job description(s) and requirements before completing this form)  
Please indicate which team position you are interested in and qualified for (check one):

Physician: \_\_\_ Nurse \_\_\_ ALS Specialist (EMT-P/I) \_\_\_ BLS Specialist (EMT-B) \_\_\_ Other: \_\_\_\_\_

Check here if you are interested in participating on a Pediatric Team \_\_\_\_\_

<b>Personal Information</b>			
Name (Last, First, MI):		Male _____	Female _____
Mailing Address:			
City:	County:	State:	Zipcode:
Home Phone: _____ / _____ - _____		Business Phone: _____ / _____ - _____	
Cellular Phone: _____ / _____ - _____		Pager Number: _____ / _____ - _____	
E-mail Address:		Fax Number: _____ / _____ - _____	
<b>Current Employment</b>			
Employer:		EMS Region:	
Mailing Address:			
City:	County:	State:	Zip Code:
Position:			
Do you have support from your primary employer to become a member of IMERT, train, and deploy to active missions up to 72 hours in length? <span style="float: right;">Yes      No</span>			
<b>Participation in IMERT</b>			
Why are you interested in participating as an IMERT member?			
Could you regularly participate in training/meetings? <span style="float: right;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</span>			
How many hours per month could you contribute to IMERT? (Weekends, Holidays, Personal Leave) _____			
List any possible conflicts:			
<b>Physical Fitness</b>			
IMERT membership requires the ability to meet a <b>moderate physical fitness requirement</b> defined as <i>occasional fieldwork performed by individuals with average endurance and physical conditioning. Disasters occasionally demand moderately strenuous activity over long periods of time. Activities include standing for long periods, walking, stooping, and moderate lifting. Long hours of work may be necessary.</i>			
Can you meet the moderate physical fitness requirement? <span style="float: right;">Yes _____ No _____</span>			

**Professional Licensure/Certification** Please list current professional licenses/certifications (RN, MD, EMT-P, etc.)  
 Please submit copies of all licenses/certifications with your completed application

Licensure/Certification	License/Certificate Number	Expiration Date

**Credentials** Please list any professional credentials (BLS, ACLS, FACEP, TNS, etc.)  
 Please submit copies of all credential certificates with your completed application

Credential	Date Earned	Expiration Date

**Computer Skills**

None ___	___ Basic Word Processing
Data Entry ___	Database Searching ___
Other, please specify: ___	

**Previous Emergency Medical Experience** Please check all areas that applies:

None ___	___ Hospital Emergency Department
Local Emergency Medical Services ___	US Public Health Service ___
Department of Defense ___	American Red Cross ___
Other, please specify: ___	

**Volunteer Activities** Please list your involvement in volunteer activities:


<b>Emergency Contacts</b>		
#1 Name:	Relationship:	
Home Phone:	Work Phone:	
#2 Name:	Relationship:	
Home Phone:	Work Phone:	
<b>References</b> Please provide name and contact information for 3 references:		
#1 Name:	Relationship:	
Mailing Address:		
City:	State:	Zip Code:
Home Phone: ____/____-____	Business Phone: ____/____-____	
#2 Name:	Relationship:	
Mailing Address:		
City:	State:	Zip Code:
Home Phone: ____/____-____	Business Phone: ____/____-____	
#3 Name:	Relationship:	
Mailing Address:		
City:	State:	Zip Code:
Home Phone: ____/____-____	Business Phone: ____/____-____	

**Please mail completed form to :**  
**Illinois Medical Emergency Response Team**  
**1S. 280 Summit Avenue, Court B-2**  
**Oakbrook Terrace, IL 60181**

**Completed form can be faxed to:**  
**630-495-0227**

or emailed to:

**[debraw@imert.org](mailto:debraw@imert.org)**