

HEM Volunteer Registration

Prior to filling out this application please read [HEM Orientation](#). After reviewing your application we will reach out to setup a time for a phone call.

* Indicates required question

1. Full Legal Name *
preferred name (if applicable) and pronouns

2. Date Of Birth *

3. Address *

4. Phone Number *

5. Email Address *

6. Emergency contact: name/phone number *

7. Do you currently have a medical/healthcare license and/or certification, Where do you currently practice under your license/certification, license type and state (if applicable) *

8. Medical/Crisis education and/or job titles *

9. What area of healthcare do you specialize/thrive in? *
Example -pediatrics, mental health, cardiology, ED, crisis intervention, harm reduction.

10. List any persons who are currently HEM members that you know or referred you

11. Has your license ever been revoked? *

If yes, which state and why

12. Do you have a current CPR certification? *

*** If not, you must obtain CPR certification prior to attending a HEM volunteer event.

ALL HEM volunteers must be CPR certified and provide proof of certification with expiration date.

please email proof of CPR cert to harmonyeventmed@gmail.com

Mark only one oval.

Yes

No

13. Have you ever been convicted of a felony? If yes, please give details *

14. How did you hear about HEM? Why do you want to volunteer? *

15. Please list 3 professional references with their contact information. *

*this may also be a current HEM member who referred you.

16. Do you authorize HEM to conduct a basic background check. -no cost to applicant *

Check all that apply.

Yes

No

17. What is your experience with concerts, festivals and/or large events? *

18. Are you trained in and capable of following HIPPA laws? *

Mark only one oval.

Yes

No

19. Have you reviewed the HEM Orientation? *

Check all that apply.

Yes

20. I release any and all liability from Harmony Event Medicine and It's board members *

Mark only one oval.

Yes

21. I understand that if I have lied or alluded, exaggerated or mislead HEM staff or board members with regard to licensing, certification, and/or professional history or current scope of practice. This is grounds for immediate dismissal from Harmony Event Medicine staff and Liability/Insurance coverage. *

Mark only one oval.

Yes

22. I understand that HEM may keep my personal information that is provided in this application for tracking volunteer information and contact to the volunteer. This information is secured and will not be shared with a third party. *

Check all that apply.

Yes

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