

HEM Volunteer Registration

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. List highest level of current medical license/certification: *

Mark only one oval.

☐ MD

☐ DO

☐ ND

☐ NP

☐ PA

☐ RN

☐ LAc

☐ DC

☐ EMT-P

☐ EMT-B

☐ CNA

☐ BLS/CPR

☐ None

8. If you hold a medical, healthcare, OR mental health license not listed above, please indicate your title here:

9. If you have a medical/healthcare license(s) and/or certification, specify state and license/ cert number. (Enter n/a if none) *

10. List expiration of current license/certification. (Enter n/a if none.) *

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

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

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

14. Has your license ever been revoked? If yes, which state and why? *

15. Do you hold a current CPR certification? *

If not, by submitting this form, you are agreeing to obtain CPR certification prior to volunteering. Please contact us with questions.

Mark only one oval.

☐ Yes

☐ No

16. Please upload current CPR cert here with YOUR NAME in file name.

Files submitted:

17. If you have current CPR/First Aid certification please share the expiration date.

Example: January 7, 2019

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

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

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

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

21. Do you authorize HEM to conduct a basic background check? -No cost to applicant- *

Check all that apply.

☐ Yes

☐ No

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

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

Mark only one oval.

☐ Yes

☐ No

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

Mark only one oval.

☐ Yes

25. 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 disml from Harmony Event Medicine staff and Liability/Insurance coverage. *

Mark only one oval.

☐ Yes

26. 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

27. If my application to volunteer is accepted, I agree to review HEM orientation, safety protocols, behavior policy, etc. *

Check all that apply.

☐ Yes

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