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| McDowell County EMS / McDowell County 911Internship Application |  |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Cell Phone |  |
| E-Mail Address |  |
| Parents Name |  |
| Parents Contact Info |  |

## Availability

### During which hours are you available for volunteer assignments? Please check all that apply.

|  |  |
| --- | --- |
| Weekday afternoons | Weekend mornings |
| Weekday evenings | Weekend afternoons |
|  | Weekend evenings |

## Career Interests

### Please check the career paths in which you are interested in.

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| --- |
| EMS\_\_\_ 911 Communications |
| Fire |
| Nursing or other health care related field |
| Law Enforcement |
| Other please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Which internship program are you applying for: \_\_\_\_\_\_\_\_\_\_EMS \_\_\_\_\_\_\_\_\_\_911 Communications |

## Special Skills or Qualifications

### Summarize special skills and qualifications you have acquired from the MHS Public Safety Academy and or your time at a volunteer emergency service agency. (100 word minimum)

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## EMS Internship

### Please describe for the interview panel why you wish to be selected for an internship at McDowell County EMS. What do you hope to gain from this opportunity? (200 word minimum- 500 word max)

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## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| Cell Phone |  |
| E-Mail Address |  |

## GPA / Grades / Volunteer Work

|  |  |
| --- | --- |
|  YES ------- NO | Enrolled or successfully completed MHS Public Safety Class or Health Science Class |
| Please list other volunteerwork / community service that you have performed. |  |
| Days Absent Current School Year |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an intern, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

Please return this application along with three letters of recommendation and any other supporting documentation to the following address. An official current transcript from McDowell High School must also be submitted.

All applications must be received by April 2, 2018.

Email – Director William Kehler wkehler@mcdowellems.com

US Mail:

McDowell EMS

60 East Court Street

Marion, NC 28752