



# Gator Emergency Medical Response Unit

Volunteer Application: Spring 2025

**Dear FR/EMR/EMT Applicant,**

The Gator Emergency Medical Response Unit (GEMRU) is a volunteer EMS agency dedicated to providing vital medical services, education, and outreach to the University of Florida community. Joining GEMRU offers a rewarding opportunity to develop your skills, make a difference, and connect with a team of passionate responders.

We welcome currently certified Emergency Medical Responders (EMRs/FRs) and licensed Emergency Medical Technicians (EMTs), as well as individuals who have completed EMT school and passed the NREMT, to volunteer as responders. **Both undergraduate and graduate UF students are encouraged to apply if they meet the following credentials:**

- **American Heart Association (AHA) BLS certification** (valid within 2 months of the start date)
- **First Responder (FR/EMR) certification** OR
- **EMT license** (passed the NREMT before January 27<sup>th</sup>)

## **What to Expect:**

Upon acceptance, new members undergo onboarding and begin their Recruit Semester. During this time, recruits are introduced to GEMRU's practices, medical protocols, and community. Successful completion of this semester makes responders eligible for **active**, **special event**, or **inactive status**. (Note: Responders may select inactive status only once during their time in GEMRU.)

## **Application Process:**

After an initial review of written applications, a select percentage of top applicants will:

1. **Be invited to take an exam** covering basic EMS knowledge.
2. **Proceed to an interview** based on exam performance.

## **Key Dates:**

- **Applications Open:** January 13th
- **Last Day to Submit Applications:** January 27<sup>th</sup> 11:59 PM
- **Exam Invitation:** February 7th
- **Exam Date:** February 10th, 2024
- **Interview Invitation:** February 11th
- **Interviews:** February 12th–15th

All accepted applicants are encouraged to attend the General Interest Meeting on Friday 17<sup>th</sup> from 6-8pm in person or on [Zoom](#) at UF Division of Public Safety building, located at 1555 Museum Rd, Gainesville, FL 32603.



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**Application must be RECEIVED by January 27th, 2025, at 11:59 PM ET. Any applications sent in after this time will not be considered.**

**Instructions:** Complete this application to the best of your knowledge. All fields are required and should be typed. *Failure to submit a completed application with ALL documents requested may prohibit acceptance into the program.* Please email the completed application to [upd-gemru@mail.ufl.edu](mailto:upd-gemru@mail.ufl.edu) with the **subject line “Spring 2025 GEMRU Application: First Name Last Name.”** Your application should be a **single PDF document in the order outlined below:**

1. (1) **PDF of Resume** (maximum 1 page) (include it as the **first** page of your final submission)
2. (2) **Completed Application** (this entire document)

For questions, email [upd-gemru@mail.ufl.edu](mailto:upd-gemru@mail.ufl.edu).

I do, by my signature, certify that the information in this application is true and correct to the best of my knowledge. I further affirm that all work submitted is original and has not been plagiarized or copied from any other source or other applicant. I understand that willfully supplying false information or submitting work that is not original is sufficient cause for rejection of my application or removal from the unit.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## APPLICANT INFORMATION

Name: \_\_\_\_\_  
Last Name, First Name

Primary Phone Number (###-###-#####): \_\_\_\_\_ UFID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ UF Email Address: \_\_\_\_\_

Are you over the age of 18? (highlight answer) Yes No

Are you a UF undergraduate student? (highlight answer) Yes No

If yes, please indicate your intended graduation year:

**Note:** Applicants graduating this semester (Spring 2025) will not be considered.

Are you a UF graduate student? Yes No

If yes, please indicate your intended graduation year: \_\_\_\_\_

Shirt Size (highlight): S M L Other \_\_\_\_\_ Major/Program of Study: \_\_\_\_\_

How did you hear about GEMRU? \_\_\_\_\_

Have you previously applied to GEMRU? (highlight) Yes No

If yes, when?: \_\_\_\_\_

## LICENSE AND CERTIFICATION VERIFICATION

### CPR/BLS

Note: Certifying organization must be American Heart Association (AHA)

**Certification Number:**

**Expiration Date:**

### EMT Applicants

If you have recently completed EMT school, passed the NREMT exam, and are currently applying for your license, you are encouraged to apply as an EMT. Please submit your license as soon as it is issued by replying to your application email.

#### **Certification Verification (Required):**

- National Registry of Emergency Medical Technicians (NREMT):
- NREMT Certification Number:
- Expiration Date:

### FR/EMR Applicants

#### **Certification Verification (Required):**

- Certification: **First Responder** or **Emergency Medical Responder**
- Where did you get your certification: **(highlight) FRG / EMS1055 / Other**

**Please take time and care in answering each of the scenarios/questions below. Word limits are strictly enforced.**

This application will be evaluated based on the ability to assess and treat the patient **within your scope of care.**

Are you a FR/EMR or EMT? \_\_\_\_\_

**Approved Acronyms/Abbreviations:**

Applicants are encouraged to use the approved list of abbreviations provided below throughout their application. Any approved acronyms do not need to be defined or explained. Any abbreviations or acronyms **not included in this list** must be clearly defined when first used to receive full credit. Even after defining, the use of unapproved abbreviations is **discouraged** to improve ease of application review.

EMS	CPR	BP	BLS
BSI	AED	HR	CNS
SAMPLE	ICP	RR	EMS
OPQRST	pt	SPO2%	ETOH
AVPU	NPA/OPA	BGL	
AOx#	PERRL(A)	S/Sx	
S/Sx	BE-FAST	ALS	

## Question A

**GEMRU has made many changes this year to our unit and are constantly striving to improve our patient care, community impact, and responder morale. What do you believe sets you apart from other applicants that would be beneficial to these three aspects of GEMRU.**

**Note:** Please be advised that mentioning your certifications, EMT license, or the requirements necessary to acquire those certifications in your response will result in your answer not being evaluated. These qualifications are considered the minimum requirements for our organization and do not differentiate you as an applicant. To ensure a fair and meaningful evaluation, we encourage thoughtful and unique responses that go beyond generic qualifications.

**Do not change the font, color, or sizing of the text.  
(Word count: 100-150 words per condition/injury)**

Please answer Question A here.

## Scenario 1

You are working a football game on a hot, sunny day when you receive a call at 1615 regarding a 17-year-old male who fell off an electric scooter outside a dorm building. Upon arrival, you find the patient sitting in the sun on the curb drinking a Coors light with a visibly scraped and bleeding elbow. The patient is unsteady as he tries to stand, holding onto the scooter for balance. A friend is trying to get him to drink water, but he pushes it aside. “Coors is the water of the Rocky’s. Born and raised, Colorado, baby.” The patient is visibly sweating.

As you approach, the patient slurs, “I’m fine, I just hit a bump—I don’t need any help.” The friend report that he was riding the scooter at a fast speed before the fall and that he may have hit his head on the pavement, though no one saw the exact impact.

The patient has no helmet. He keeps rubbing his temple and says, “My elbow hurts, but I don’t think I hit my head. I’m just dizzy because I stood up too fast.” He does not want to answer your questions.

### 1. Explain how you would initially respond, including steps to assess the patient’s condition.

**Note:** Please answer this question using only the information provided above, as assuming details from the information below could result in an incomplete answer by excluding key points that should still be considered.

**Do not change the font, color, or sizing of the text.**

**(Word count: 50-200 words per condition/injury)**

Please answer Question 1 here.

### **-Scenario 1 (continued)**

While performing your assessment, the patient becomes agitated, insisting, "I'm fine, let me go!" He attempts to stand up and walk away but immediately stumbles and falls back down and begins to vomit excessively. You notice that his speech is becoming increasingly slurred.

The patient's vitals are as follows:

- **BP:** 110/70 mm Hg
- **HR:** 136 bpm
- **RR:** 14 rpm
- **SPO2%:** 95%
- **BGL:** 66 mg/dL
- **Temp:** 100.4°F

When performing a neuro assessment, you conclude the patient is AAOx2 (alert to self and place but disoriented to time and event). He has slight road rash on his forearm near his elbow.

**Please answer the questions on the following pages.**



2. Considering the provided observations, what potential conditions or injuries might the patient be experiencing? Use evidence from the scenario and vital signs to justify your reasoning. Be sure to reference S/Sx and details from the scenario to support your conclusion(s).

**Do not change the font, color, or sizing of the text.**

**(Word count:  $\leq 50$  words per condition/injury)**

Please answer Question 2 here.

**3. How would you prioritize and treat the patient's symptoms and injuries?**

**Do not change the font, color, or sizing of the text.**

**(Word count: 20-100 words)**

Please answer Question 3 here.