



v01.16.2025

## EMS ConnectME

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### Level 2 Application

Thank you for your interest in reaching Level 2 in EMS ConnectME. We are excited for you to take this step toward expanding your learning about the field of Emergency Medical Services.

To help you with the application process, we have provided, on the next page, a checklist with eligibility criteria and required application materials. Please use it as a reference as you work on your application.

After receiving your completed application, your service will review it, and may ask you to schedule an interview. You will need to obtain written approval from your Mentor and your Service Leader (or their designee) in order to become Level 2. Only then are you permitted to go on EMS calls.

Thank you for participating in EMS ConnectME. We look forward to receiving your application!

#### ***Mission Statement***

The mission of EMS ConnectME is to provide an accessible opportunity for Mainers to learn about the field of emergency medical services, connect with their local healthcare and public safety partners, and serve their communities. The program provides training and mentorship in a safe, supportive environment that fosters meaningful relationships between Learners and EMS in their communities.

#### ***Equal Opportunity Statement***

The EMS ConnectME provides equal opportunity to all participants and applicants without regard to race, color, sex, sexual orientation, gender identity, physical or mental disability, religion, age, ancestry, national origin, familial status, or genetics.

#### **Statewide Program Contact Information:**

##### ***Maine EMS***

Anna Massefski, EMS ConnectME Program Coordinator

Email: [anna.massefski@maine.gov](mailto:anna.massefski@maine.gov)

Phone: (207) 248-9505



## Eligibility Requirements

In order to be eligible to apply for EMS ConnectME Level 2, you must:

1. Be at least 16 years old,
2. Earn the Level 1 EMS ConnectME Badge on Canvas,
3. Earn the Level 2 Learning Certificate on Canvas,
4. Obtain your signed Ambulance/Equipment Competency Certificate from your Mentor.

## Application Checklist

Before you submit your application, make sure you have completed and included all of the following:

- Application packet
- Level 2 Learning Certificate (download from Canvas)
- Resume
- Cover letter
- Contact information for 2 references
- Signed HIPAA and Patient Privacy Agreement
- Signed Application Attestation
- Signed Parental Consent Form (if under 18 years of age)

## Application Process

1. Once you have finished all the parts of your application, submit them to the EMS ConnectME Level 2 Application module on Canvas.
2. You must **ALSO** bring your application to your service. Ask your Mentor how they want you to submit your application.
3. Your service will then review your application, and may ask you to interview. The interview is the next step to getting approved to become Level 2.
4. If you are approved for Level 2, your Service Leader (or their designee) and Mentor will sign off on your application, and you will receive a Level 2 ID Card from Maine EMS.



## Application Packet

### Demographics

Legal Name:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*(if different)*

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Criminal History

Do you have any criminal history?

Yes

No

\_\_\_\_\_

*(mark one)*

If yes, please share your criminal history in the box below. Criminal history can impact your ability to become licensed and work in Emergency Medical Services in Maine. It is important that we know if you have criminal history now, so that we can best support your future goals.



**Education**

Are you currently in school?  Yes  No  

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*(mark one)*

If you are in school now, when do you expect to graduate?  

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Please mark the **HIGHEST** level of education you have completed.

<b>Middle School:</b>	<input type="checkbox"/> Grade 6	<input type="checkbox"/> Grade 7	<input type="checkbox"/> Grade 8	
<b>High School:</b>	<input type="checkbox"/> Grade 9	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Grade 12
<b>Vocational School:</b>	<input type="checkbox"/> Year 1	<input type="checkbox"/> Year 2	<input type="checkbox"/> Year 3	<input type="checkbox"/> Other:
<b>College:</b>	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior
<b>Graduate School:</b>	<input type="checkbox"/> Year 1	<input type="checkbox"/> Year 2	<input type="checkbox"/> Year 3	<input type="checkbox"/> Other:

If you currently attend, or graduated from, a vocational school, college, or graduate school, please list the type and name of each program you attended:

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Please write a short reflection on your future goals, and where you would like to be in 5 years.

**Licenses and Certifications:**

If you hold any professional or EMS-related licenses or certifications, please list them below (this includes your CPR and First-Aid certifications):

License/Certification Type	Number (if applicable)	Expiration Date

***\*\*\*Please include a copy of all your EMS-related licenses and certifications in this packet\*\*\****



## **References**

Please provide contact information for 1 Personal reference and 1 Professional/Education reference. Your service will contact your references to better understand you as a candidate.

Only ask for references from people who think highly of you, and who want you to attain the position for which you are applying. Notify your references any time you put their information on an application.

A personal reference is someone who knows you from outside of work or school. This can be a family friend, your Mentor in EMS ConnectME, or another service or community member.

A professional/education reference is someone who knows you through work or school, such as a supervisor, teacher, or coach.

Only **ONE** reference may be a member of the EMS agency to which you are applying.

### **Personal Reference**

*\*Your personal reference may not be in your immediate family\**

Name:

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Primary Phone #:

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Email Address:

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Relationship or connection:

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*(for example: "family friend," or "EMS ConnectME")*

### **Professional/Education Reference**

*\*Your professional/education reference may not be in your immediate family\**

Name:

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Primary Phone #:

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Email Address:

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Relationship or connection:

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*(for example: "JMG specialist," or "football coach")*



**Cover Letter**

Write a cover letter stating why you want to reach Level 2 in EMS ConnectME. Include something that you learned at Level 1. Explain what makes you a good candidate for Level 2 with your service.

Your cover letter should be no more than 1 page long (single-spaced).

Submit your cover letter with this packet.



**Resume**

Write a resume that details your prior work and/or volunteer experience, especially in healthcare or emergency services. Each entry should include the position you held, the major tasks assigned to you, and the duration of your employment/volunteer service.

Submit your resume with this packet.



## HIPAA and Patient Privacy Agreement

***This form is required for all EMS ConnectME Level 2 applicants.***

I understand that EMS ConnectME, through its employees, affiliated services, educators, participants, and others who have occasion to observe or to participate in the organization's activities, has a legal and ethical responsibility to maintain the privacy, to protect the confidentiality, and to safeguard the personal health information of EMS patients.

In addition, I understand that during my time at Level 2 with EMS ConnectME, I may see or hear confidential information regarding EMS patients.

By signing this Agreement, I understand and agree that:

I will not disclose patient care information and/or confidential information except if such disclosure complies with EMS ConnectME's policies, and is necessary for my participation in an activity as a Level 2 EMS Learner (i.e., an after-action review with my EMS ConnectME Mentor).

**I will not inquire about, or facilitate the relay of, any confidential information for any individual or party who does not have proper authorization to access such information, including but not limited to my parents, teachers, classmates, friends, and family members.**

I will not access or view any information other than what is necessary for my participation in an activity as a Level 2 EMS Learner. If I have any question about whether access to certain information is necessary for my participation, I will immediately ask my Mentor(s) for clarification.

I will not discuss any confidential information in any area that does not have an expectation of privacy (i.e., in hallways, in the station, or in public). I understand that it is not acceptable to discuss any confidential information in public areas, even if specifics such as a name are not used.

**I will not include any confidential or patient information in assignments submitted to JMG's online Learning Management System. I will not make any posts on social media pertaining to, or referencing, EMS calls that I have gone on as a Level 2 EMS Learner with EMS ConnectME.**

I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or purging of patient information or confidential information. Such unauthorized transmissions include, but are not limited to, removing and/or transferring confidential information from my service's computer system(s) to unauthorized locations.

I agree that my obligations under this agreement regarding confidential information will continue after the conclusion of my affiliation at Level 2 with EMS ConnectME. I understand that violation of this Agreement may result in disciplinary action, up to and including my removal from EMS ConnectME, as well as potential civil and criminal legal penalties.

I have read the above statement and agree to comply with all its terms as a condition of participation as a Level 2 EMS Learner with EMS ConnectME.

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Applicant Signature

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Applicant Name (printed)

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Date





**Application Attestation**

***This form is required for all EMS ConnectME Level 2 applicants.***

I,                     **APPLICANT NAME**                     attest that all information in this application is true and correct to the best of my knowledge. I understand that failure to disclose pertinent information on this application, or willful inclusion of false information, may result in discipline up to and including my removal from EMS ConnectME.

I agree to abide by the rules, policies, and guidelines of EMS ConnectME, my EMS ConnectME Service,   **SERVICE NAME**   (hereafter “ConnectME Service”), Maine Emergency Medical Services, and the Maine Department of Labor. I understand that failure to abide by these rules, policies, and guidelines may result in discipline up to and including my removal from EMS ConnectME.

I understand that there are inherent risks in the field of Emergency Medical Services, including but not limited to exposure to potentially traumatic events, and the risk of physical and psychological injury to me. I understand that these risks may be increased when on EMS calls as a Level 2 EMS Learner.

I agree to follow the directions given to me by my Mentor(s) or other authorized personnel on EMS calls. I agree to take responsibility for my own safety, and act with my best judgment to mitigate risks and ensure the safety of others.

I will not perform any patient care on an EMS call as a Level 2 EMS Learner with EMS ConnectME. I will only perform life-saving interventions (chest compressions and hemorrhage control only), when directed to by my Mentor(s), and while wearing appropriate personal protective equipment.

I understand that acceptance at Level 2 is not an offer of employment, and does not guarantee future employment with my ConnectME Service.

By signing below, I acknowledge that I have read and agreed to the above statements, as confirmed by my Witness.

<hr/>	<hr/>	<hr/>
Applicant Signature	Applicant Name (printed)	Date
<hr/>	<hr/>	<hr/>
Witness Signature	Witness Name (printed)	Date

***\*\*\*If you are under age 18, your Witness should be your parent or legal guardian\*\*\****



**Parental Consent**

***This form is required for all Level 2 EMS ConnectME applicants under 18 years of age.***

I, \_\_\_\_\_ **PARENT/GUARDIAN NAME** \_\_\_\_\_, the parent/guardian of EMS ConnectME Learner  
\_\_\_\_\_  
**APPLICANT NAME** \_\_\_\_\_, give my consent for them to participate as a Level 2 Learner in EMS  
ConnectME at their Service, \_\_\_\_\_ **SERVICE NAME** \_\_\_\_\_ (hereafter “ConnectME  
Service”).

I understand that there are inherent risks in the field of Emergency Medical Services, including but not limited to exposure to potentially traumatic events, and the risk of physical and psychological injury to Learners. I understand that these risks may be increased when on EMS calls as a Level 2 EMS Learner.

I have been informed of the responsibilities of the Level 2 EMS Learner, and understand the types of experiences that my child may have in this program.

**I understand that my child is prohibited from disclosing certain confidential information about patients and EMS calls. I will correct them if I become aware of them disclosing confidential information. I will not ask, pressure, or coerce them to disclose confidential information.**

I have been given contact information for the person at the ConnectME Service with whom I should communicate about the program, and my child’s participation in it. I am also aware that I can use the contact information at the bottom of this page to contact JMG or Maine EMS with questions or concerns.

\_\_\_\_\_  
Parent/Guardian Signature                      Parent/Guardian Name (printed)                      Date

**Statewide Program Contact Information:**

***Maine EMS***  
Anna Massefski, EMS ConnectME Program Coordinator  
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Phone: (207) 248-9505