



PARAMEDIC PROGRAM APPLICANT SURVEY

Today's Date _____ Semester & year you are applying
for _____

This survey was designed to develop a profile of students applying to our Paramedic Program. Our goal is to help our applicants become successful program graduates. Your feedback is important to us. We encourage you to complete and return this survey in the enclosed envelope to help us better serve you, your fellow students, and our community.

Please be advised that completion of this survey form is not required and will not be utilized in the program selection process.

Instructions: Read each statement and please mark appropriate answer.

1. Age
 18-25 yrs 26-35 yrs 36-45 yrs. 46 plus

2. Gender
 Female Male

3. Ethnicity
 Caucasian Filipino Hispanic
 African-American Pacific Islander Other _____
 Asian American Indian

4. Do you have dependents living with you? (e.g., children under the age of 18, parents or grandparents)
 Yes No

5. Are you a single parent?
 Yes No

6. Number of children living at home:
 None 1 2 3 4 5 or more

7. One-way travel distance from residence to campus:
 0-10 mile 11-20 mile 21-30 mile 31-40 mile 41+





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8. Average weekly hours of employment:
 Not employed Employed 40hrs or less/week Employed 40+ hrs/wk
9. Have you had previous paid work experience in EMS or health care?
 Yes No
10. If you respond yes to item 9, please indicate which experiences apply to you:
- | | |
|--|--|
| <input type="checkbox"/> Nurse Assistant | <input type="checkbox"/> Supportive Personnel |
| <input type="checkbox"/> LVN | <input type="checkbox"/> Housekeeping, dietary, etc. |
| <input type="checkbox"/> RN | <input type="checkbox"/> Military Medic |
| <input type="checkbox"/> Dental Hygiene | <input type="checkbox"/> Health Information Services |
| <input type="checkbox"/> Radiology | <input type="checkbox"/> Medical Assistant |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Medical Clerk |
| <input type="checkbox"/> Paramedic | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Psych Tech | |
11. Years worked in EMS or healthcare:
- | | |
|--|---------------------------------|
| <input type="checkbox"/> Less than 1 yr | <input type="checkbox"/> 6+ yrs |
| <input type="checkbox"/> 1 yr or more but less than 3 yrs | <input type="checkbox"/> N/A |
| <input type="checkbox"/> 3 yrs or more but less than 6 yrs | |
12. Previous volunteer experience in EMS or healthcare.
- | | |
|---|--|
| <input type="checkbox"/> Student | <input type="checkbox"/> Other Health Care Service |
| <input type="checkbox"/> Fire Dept. Volunteer | <input type="checkbox"/> N/A |
| <input type="checkbox"/> EMS Volunteer | |
13. Highest post-high school education level completed:
- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Less than 2 yrs | <input type="checkbox"/> Master's degree or above |
| <input type="checkbox"/> Associate degree | |
14. Your primary place of residence for the past 12 months:
 In this country Out of country Out of state in USA
15. College courses completed with a C average or better. (Mark all that apply).
- | | |
|---------------------------------------|--|
| <input type="checkbox"/> EMT-I | <input type="checkbox"/> Biology |
| <input type="checkbox"/> Anatomy | <input type="checkbox"/> Medical Terminology |
| <input type="checkbox"/> Physiology | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Microbiology | <input type="checkbox"/> Sociology |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> Humanities |
| <input type="checkbox"/> English | <input type="checkbox"/> Cultural Pluralism |
| <input type="checkbox"/> Math | |





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28. Are you receiving a scholarship or financial aid?

- Yes** (If yes, Pell Grant)
 Employer
 CalWORKS
 Local organization scholarship
 Other

29. Are you (or think you may be) eligible to receive a Grant through any of the following?

- Yes No Don't know

*(Pell Grant, CalWORKS, JOBS, JTPA, SST, General Assistance, AFDOC, any other form of economic public assistance and/or annual income level below \$7,500.00 for single person, \$15,000.00 per couple with \$1,000.00 additional for dependent child).

30. Did you enter this program as a/an:

- Generic Student
 Re-entry
 Other

31. The main reason you chose this program:

- | | |
|--|---|
| <input type="checkbox"/> Required to maintain existing job | <input type="checkbox"/> Retraining after layoffs |
| <input type="checkbox"/> Career ladder opportunity | <input type="checkbox"/> Career change |
| <input type="checkbox"/> Lifetime goal | <input type="checkbox"/> Other _____ |

32. How did you learn about the IVC paramedic program?

- | | |
|--|--|
| <input type="checkbox"/> College counselor | <input type="checkbox"/> Employer/co-workers |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Former student/graduate |
| <input type="checkbox"/> Professionals practicing in field | <input type="checkbox"/> College catalog |
| <input type="checkbox"/> Program brochure | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Imperial Valley Press | <input type="checkbox"/> Independent research |
| <input type="checkbox"/> Career/health fair | <input type="checkbox"/> Hospital/Fire Dept. |
| <input type="checkbox"/> Other _____ | |

YOUR TIME TO COMPLETE AND RETURN THIS SURVEY IS GREATLY APPRECIATED! IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE EMS COORDINATOR.