

Klickitat County EMS District 1

2019 EMT CLASS ENROLLMENT FORM

STUDENT INFORMATION

Classes will be held Monday/Wednesday 18:00-21:00 hours, Saturday 09:00-17:00 hours
 Classes will go from Wednesday January 2rd until Saturday April 20th
 Applications due December 5th, 2018

Students Name:

Current Address:

Primary Phone:

Email:

AGENCY INFORMATION

Agency Name:

Years of Service:

Agency Address:

Phone:

EMERGENCY CONTACT

Name:

Relationship:

Phone:

EXPERIENCE

Previous EMS Experience (Circle One): Paramedic EMT EMR Wilderness Other _____

Brief Explanation:

Do you have a CPR/First Aid Certification? Yes _____ No _____

Expiration Date:

AGENCY LEADERSHIP

Name of Agency Supervisor	Phone Number	Email	Signature of Approval
Fire Chief:			
EMS Officer:			

HOME AGENCY APPROVAL FOR CLASS TUITION

If student's agency is paying for tuition, a signature from Fire Chief or EMS Officer must be provided below. A signature below agrees on the agency's responsibility to provide payment of the student's tuition for the 2019 EMT class.

Name/Title:

Signature:

Date:

STUDENT SIGNATURE

I understand that this is an enrollment form. It does not guarantee that I am automatically enrolled into the course specified. I understand that I must submit to a background check with Washington Department of Health.

Name:

Signature:

Date: