

**Vermont EMS District 6
Training Application**

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Service Affiliation (students must be affiliated with an emergency services agency PRIOR to enrollment): _____

District: _____

Class: Basic I-03 Refresher

Years in EMS: _____ Current Cert Level: _____

All students must submit this application, a letter of recommendation from the service head and a letter of intent from the service head if the service is paying the course fee. Additionally, if the applicant has no prior EMS experience, an essay <100 words describing why the candidate wants to join EMS and why they feel they would be good a candidate for the class must accompany the application.

By signing below, I agree to abide by all class rules as outlined in the student information packet I received. I understand that, regardless of any financial agreement I may have with my squad, I am ultimately responsible for all costs incurred in taking this course.

Candidate Signature: _____

Head of Service Signature: _____