## **EMT Class Application**



Date			
Last name	First name	Middle name	
Physical Address			
 Street	City	State	Zip
Mailing (if different)			
Street	City	State	Zip
Cell number	Daytime number	Evening number	
 Email address			
Ever taken an EMT class bef	ore $\square$ Yes $\square$ No $$ If so, when $\&$ what was	s the result?	
What is your reason for taki	ng this class?		
What should we know abou	t you?		
How did you hear about this			
Are you interested in volunt	eering or do you currently volunteer as a m	nember of Red Lodge	FMS or another FMS serv