EMT Class Application

Red Lodge FIRE RESCUE

Personal Information

_____

Date   Date of Birth

_____

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   Length of residency in Carbon County

Ever applied taken an EMT class before ☐ Yes ☐ No   If so, when & what was the result?

_____

What is your reason for taking this class? _____

_____

What should we know about you? _____

_____

_____

How did you hear about this class?_____

The State of Montana requires that you are 18 years old to be a licensed EMT. You may take the class before you are 18, however. Red Lodge Fire Rescue requires an active Driver's License and a background check in order to drive our vehicles and provide care as a part of the EMT class. Please make sure to sign the release on the back of this application.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am a member, my membership may be terminated at any time.

I authorize the release of any and all information on any criminal and/or driving record which law enforcement agencies may have concerning me. I release Red Lodge Fire Rescue, Red Lodge Rural Fire District #7, the City of Red Lodge, Red Lodge / Roberts Ambulance District, the Carbon County Sheriff's Office and any law enforcement agency receiving this request, their members, and employees from any liability or damage which may result from furnishing the information requested.

Signature   Date

Printed Name

Guardian Signature (if applicable)   Date

Printed Guardian Name (if applicable)