



VILLAGE AMBULANCE SERVICE
COMMUNITY EDUCATION AND TRAINING PROGRAMS



APPLICATION FOR ADMISSION
EMT-BASIC PROGRAM
APPLICATION FOR ACCEPTANCE

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

PLEASE PRINT LEGIBLY

Training Program Applying For:

EMT-Basic EMT-Intermediate

Winter Program 20_____ Spring Program 20_____

Summer Program 20_____ Fall Program 20_____

DEMOGRAPHIC INFORMATION:

Name: _____

Social Security #: _____ / _____ / _____

Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Cell Phone: () _____

E-Mail Address: _____ @ _____

Place of Employment: _____

Employer's Address: _____

City: _____ State: _____ Zip Code: _____

Employer's Telephone: () _____ Ext: _____

Have you ever enrolled in a training program or continuing education session with Village Ambulance Service Community Education and Training Programs before?

If yes, list program(s): _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?

If yes, you may be unable to sit for the Massachusetts certification exam

If yes, please describe: _____

EDUCATIONAL BACKGROUND:

Level of Education	Number of Years Completed	Did you Graduate?	Course of Study	Degree Received
High School or G.E.D				
College (Graduate)				
College (Undergraduate)				
Prior EMT Program	What Year?	Completed? Y or N	Instructor	
Other				

REFERENCES (MINIMUM OF 3 REQUIRED):

Name:	Relation:	Phone:	# of years known

Upon completion of this application, please mail to, fax, or drop off at:

Village Ambulance Service
Attn: Shawn P. Godfrey
30 Water Street
Williamstown, MA 01267
Fax: 413-458-8476

DEADLINE FOR APPLICATION IS AUGUST 27, 2010

Village Ambulance Service community education and training programs does not unlawfully discriminate on the basis of age, race, national origin/ancestry, color, sex, religion/creed, or handicap/disability. Village Ambulance Service Community Education and Training Programs operates in accordance with applicable laws on equal opportunity and non-discrimination in the consideration for admission.

I hereby certify that to the best of my knowledge the information furnished on this form is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for rejection and/or dismissal.

Signed: _____ Date: _____

Print Name: _____

Program Use Only

Date application received:	Complete: yes no	Method of Payment:
Student ID Number:	Processed:	Amount Received:

OPTIONAL PARTICIPANT HEALTH FORM

DISCLOSURE

Village Ambulance Service training courses may involve a variety of activities including hands on application of practical skills training. These activities are designed to be within the limits of a person who is in reasonable good health.

Although safety is a high priority in all of our programs, each participant must assume the risk that he or she may suffer a physical injury and disability. The information requested on this form is intended to help alert staff to pre-existing medical conditions. This information will be held in confidence. Please complete the optional form below and return it with your application.

GENERAL/MEDICAL INFORMATION

Name _____

Do you have health/medical insurance?no yes

Name & Address of Company:

Do you have any limiting physical or health disabilities - temporary or permanent - that you or your doctor feel would limit your participation in a Village Ambulance Service activity? No Yes

Do you have any chronic or recurring injuries? No Yes

Are you currently taking any medication? No Yes

Have you had surgery in the past year for any condition which may limit your participation? No Yes

Do you have asthma? No Yes

Do you have diabetes? No Yes

If yes to any of the above, please explain/describe:

Do you have or do you have a history of:

_____ High blood pressure _____ Currently on medication for high blood pressure

_____ Heart palpitations _____ Chest pain or pressure _____ Stroke

_____ Heart attack _____ Heart disease _____ Heart murmur

If yes to any of the above, please explain: _____

Please list any other concerns or conditions that may affect your participation: _____

Are you pregnant? No Yes

We strongly recommend that you consult your physician or midwife if you are pregnant or have checked off any of the conditions above before participating in any Village Ambulance Service EMS training activity.

EMERGENCY CONTACT INFORMATION

Person: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Email: _____ @ _____

PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

In consideration of the services of Village Ambulance Service Community Education and Training Programs, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "VAS"), I hereby agree to release, indemnify, and discharge VAS, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in group and/or individual training, including clinical and field experiences for all level EMT students, entails known and unanticipated risks that could result in physical or emotional injury. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the course.

The risks may include, but are not limited to, strenuous physical activity; slips and falls; sprains, strains; and other participants and/or my own negligence.

Furthermore, VAS facilitators have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities.

2. I expressly agree and promise to accept and assume all of the risks existing in this course. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless VAS from any and all claims, demands, or causes of action, which are in any way connected with my participation in this course or my use of VAS equipment or facilities.

4. Should VAS or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I understand that VAS does not provide health insurance for students of their courses. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this course, I may be found by a court of law to have waived my right to maintain a lawsuit against VAS on the basis of any claim from which I have released them herein. I also acknowledge that I have fully satisfied myself as to the nature of the activity or activities in which I will be participating, the risks associated with each such activity, and my responsibility to know my own limits. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization, or other treatment that may become necessary.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signed: _____ Date: _____

Print Name: _____

PARENT OR GUARDIAN ADDITIONAL INDEMNIFICATION

(MUST BE COMPLETED FOR PARTICIPANTS UNDER THE AGE OF 18)

In consideration of _____ (Minor) being permitted by VAS to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless VAS from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent/Guardian's Signature: _____ Date: _____

Print Name: _____

PHOTO/MEDIA RELEASE

I grant Village Ambulance Service Community Education and Training Programs the right to use, reproduce, assign and/or distribute photographs, films, video tapes, and sound recordings of me for use in materials they may create.

Signed: _____ Date: _____

Print Name: _____

Parent/Guardian's Signature _____



VILLAGE AMBULANCE SERVICE
COMMUNITY EDUCATION AND TRAINING PROGRAMS
30 WATER STREET
WILLIAMSTOWN, MA 01267
BUSINESS: 413.458.4889 FAX: 413.458.8476

**AUTHORIZATION TO REQUEST
CRIMINAL OFFENDER RECORD INFORMATION**

Every applicant must complete a CORI authorization form prior to entering a program.

APPLICANT INFORMATION:

PRINT LAST NAME FIRST NAME MIDDLE INITIAL

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH _____

SOCIAL SECURITY NUMBER: ____/____/____

MOTHER'S MAIDEN NAME _____

SEX: _____ HEIGHT: ____ FT. ____ IN. WEIGHT: _____ EYE COLOR _____

CURRENT ADDRESS: STREET _____

CITY: _____ STATE: _____ ZIP CODE: _____

FORMER ADDRESS: STREET _____

CITY: _____ STATE: _____ ZIP CODE: _____

PLEASE SIGN AND DATE THE STATEMENT BELOW:

I, _____ hereby give permission to the
Massachusetts Department of Public Health, Office of Emergency Medical Services to
request my Criminal Offense Record Information (CORI). Date: _____