

Paid: \_\_\_\_\_

Date: \_\_\_\_\_

## New Canaan EMS

182 South Avenue, New Canaan, CT 06840

Tel: 203.594.3535 Email: [membership@newcanaanems.org](mailto:membership@newcanaanems.org)

### Application for EMT-Basic Class

(All information must be completed for consideration. Please print clearly. ALL INFORMATION IS CONFIDENTIAL)

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address: Number & Street \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Affiliation: \_\_\_\_\_ Volunteer \_\_\_\_ Career \_\_\_\_

Polo Shirt Size Adult S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

\*Have you ever been convicted of a felony or misdemeanor? Yes \_\_\_ No \_\_\_

I am not currently addicted to medications or alcohol: \_\_\_\_\_  
(Applicant's Signature)

I do not have any physical or emotional limitations, which would preclude

participating in the EMT-B Training Program: \_\_\_\_\_  
(Applicant's Signature)

Minor Waiver: \_\_\_\_\_ has permission to apply to  
(Applicant's name)

participate in the EMT-B Training Program and has signed the attached State of

Connecticut Wavier Form. \_\_\_\_\_  
(Parent's Signature)

\*Students must be **sixteen years old** before the beginning of State testing.

***Please email or mail the application to: [membership@newcanaanems.org](mailto:membership@newcanaanems.org) or  
New Canaan EMS, 182 South Ave., New Canaan, CT 06840***

***We accept checks (made out to New Canaan EMS) or cash.***

***No Refunds after the 1<sup>st</sup> day of class.***