



# EMS Institute of Fairfield County

EMS.INS.FC@gmail.com + 203-762-6163

## EMT TRAINING APPLICATION

All Information you share with us is strictly confidential. Any and all correspondence will be between EMSIFC and the student only. Please see our privacy statement on <http://emsinsfc.com> for more information.

### Student Info

All information must be provided for consideration. Please print clearly.

\_\_\_\_\_  
First Name M.I. Last Name

\_\_\_\_\_  
Street Address Apt. No.

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Email Age Date of Birth

\_\_\_\_\_  
Home Phone  OK to leave answering machine message

\_\_\_\_\_  
Cell Phone  OK to leave voice mail

\_\_\_\_\_  
Affiliation/School  Volunteer  Career

Have you ever been convicted of a felony or crime of moral turpitude?  No  Yes

*Conviction often does not preclude certification. Please contact the EMS Institute for more information.*

I am not currently addicted to drugs or alcohol.

\_\_\_\_\_  
Applicant's Signature Date

I do not have any physical or emotional limitations which would preclude participating in the EMT Training Program.

\_\_\_\_\_  
Applicant's Signature Date

### Waiver for Minors

\_\_\_\_\_ has permission to apply to participate in the EMT Training program and has signed the attached State of Connecticut Waiver Form. (Students must be sixteen years old before the beginning of state testing.)

\_\_\_\_\_  
Parent or Guardian Signature Date

Mail this completed application with a \$60 non-refundable deposit to:

**The EMS Institute of Fairfield County  
P.O. Box 226  
Norwalk, CT 06856**

We accept bank check/money order, cash or credit card (cc payment +5% processing fee.)  
NO Personal Checks.