

EMT-Basic Class

Held at Siuslaw Valley Fire and Rescue, Florence, Oregon



Important Dates:

4 Aug 17: You must sign-up @ SVFR and agree to terms by 1500 hrs.

7 Sep 17: Mandatory Orientation from 1800 to 2100

25 Sep 17: Class Start Date. Every Mon/Wed/Fri 1800 to 2200 & Select Saturdays 0800 to 1700

Terms:

1. Member in Good standing
2. 15 full Saturday shifts scheduled by OPS-1
3. Must pass and certify as an EMT within 3 months or you owe entire amount of class back to SVFR
4. Must become a qualified WLAD Driver within 1 month of certifying as an EMT
5. Must continue required training to keep certification
6. Remain a member in good standing for one year
7. Member responsible for purchasing text books for the class
8. Member must obtain Station Captain's written approval
9. Must complete SVFR LCC Fall EMT Scholarship application and additional questions (atch'd)

What we offer:

1. SVFR/WLA will pay ENTIRE cost of the class minus text book fees. This must be purchased before the class and first testing session
2. Unlimited potential in Emergency Services
3. A working knowledge of life saving procedures

Contact info & Questions:

FF Pete "Boa" Warren @ ofc: (541) 997-3212 or cell: (541) 991-0437

Email: trainingofficer@svfr.org and Boa@svfr.org

EMT-B Class Application

Siuslaw Valley Fire and Rescue, Florence, OR.



Contact Information

Name	
Street Address	
City ST ZIP Code	
Cell Phone	
E-Mail Address	
Certifications:	
Station Captain's Written Approval	

Questions:

Why do you want to become an EMT?

Do you plan on going further than EMT-Basic?

Will you be able to complete this class? This includes having your work schedule compatible with the class times/dates.

Why do you think we should accept you for this EMT-B Class?

Summarize your previous volunteer experience.

Special Skills or Qualifications:

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Terms of this Agreement. All must be adhered to:

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4. Continue Required Training to keep certification requirements
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6. Remain a member in good standing for one year
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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted to attend this class, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal and subsequent reimbursement to SVFR for this class.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in becoming an EMT-Basic.