

**Vermont EMS District 6  
Training Application**

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Service Affiliation: \_\_\_\_\_

Class:            **Basic**                    **Intermediate**                    **Basic Refresher**

Years in EMS: \_\_\_\_\_                    Current Cert Level: \_\_\_\_\_

**By signing below, I agree to abide by all class rules as outlined in the student information packet I received. I understand that, regardless of any financial agreement I may have with my squad, that I am ultimately responsible for all costs incurred in taking this course.**

Candidate's Signature: \_\_\_\_\_

Head of Service Signature: \_\_\_\_\_

Proctor's Name (I-03 only): \_\_\_\_\_