



205 Ash Valley Rd, PO Box 239, Adin CA 96006

## Student Application

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Class (circle class you are applying for):      **EMR**      **EMT**      **EMT Refresher**

Current AHA BLS Certification (circle yes or no):      **YES**      **NO**

Currently employed or volunteer as EMT? (circle yes or no):      **YES**      **NO**

Current EMT certification? (circle yes or no):      **YES**      **NO**

Current EMR certification? (circle yes or no):      **YES**      **NO**

Why do you want to take the EMT class in Adin?

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STUDENT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Completed applications to be emailed to:**  
**edudivisionmanager@southerncascades.org**