



## EMT Course Application

Course Start Date: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_  Accepts Text Messages

Email Address (Gmail Required for Course) \_\_\_\_\_

T shirt size:  Small  Medium  Large  X-Large  XX-large  XXX-large

Relevant past experience: (BLS/CPR, Anatomy, Hospital, ect.)

---

---

---

Why Do You Want to Take our Course:

---

---

---

Please send completed application and \$300 Non-Refundable deposit to:

Eagle Ambulance Service  
1 Jackson Creek RD PMB 2199  
Clancy, MT, 59634

Amount Enclosed and Check Number \_\_\_\_\_

\* You will be notified of acceptance prior to start date. Students are required to purchase their own textbook (AAOS Emergency Care and Transportation of the Sick and Injured Eleventh Edition). Please note this is the textbook, and not the workbook. Student rider form, HIPAA Agreement, and Liability Waiver will be signed during the first day of course.