



## **Advanced EMT STUDENT APPLICATION**

*Please complete the following form and email to  
aemtclass@datc.training by January 23, 2026.*

1. Full Name: \_\_\_\_\_  
Nick Name: \_\_\_\_\_
2. Date of Birth (00/00/00): \_\_\_\_\_ SSN \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_
5. Email: \_\_\_\_\_
6. Normal Working Hours: \_\_\_\_\_
7. Do you have a valid driver's license?  
(A) ☐ Yes ☐ No  
(B) What State? \_\_\_\_\_  
(C) License Number: \_\_\_\_\_
8. Military Record: *(If your answer to question "A" is negative, you may omit the rest of this section)*  
(A) Have you ever served on active duty in the armed services of the United States?  
☐ Yes ☐ No  
(B) What Branch? \_\_\_\_\_  
(C) Dates of Service: \_\_\_\_\_  
(D) Serial Number: \_\_\_\_\_  
(E) Are you now a member of The Reserves or National Guard ☐ Yes ☐ No  
(F) If in the Guard, who is your Lieutenant in charge? \_\_\_\_\_

9. Have you ever been arrested or charged by summons or otherwise with any law violations as an adult? If so, list incidents below. *(Do not include parking tickets).*

Date	Place	Charge	Disposition	Details

10. Would you consent to random drug testing? ☐ Yes ☐ No

11. You will be required to obtain 48 hours of hospital clinical hours and 48 hours of prehospital (ambulance) clinical hours to complete the class. Sovah has several clinical requirements that must be met prior to starting clinical hours, which includes vaccines, tetanus, MMR, etc. This information will be given to you during the initial interview for the class. There will be a separate cost to obtain these clinical requirements.

12. Emergency Contacts:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

13. Please list any known allergies or medical history that could affect your performance:

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14. This class requires participants to wear special clothing to participate. Please fill in the blank as accurately as possible to ensure proper fit of gear.

Shirt Size: \_\_\_\_\_

15. Before any person is selected for membership in the Advanced EMT class, all statements made in this application are thoroughly investigated. You may use the space below to explain any irregularities that may be disclosed by our investigation.

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I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge. I understand that this form is an application for the Advanced EMT class, and the contents are held in strict confidence. I further understand that this application is intended to provide adequate background and reference information to the Danville Area Training Center.

☐

Yes, all statements are true and correct.

Signature: \_\_\_\_\_

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

***Questions or completed applications can be sent to [aemtclass@datc.training](mailto:aemtclass@datc.training) by  
January 23, 2026.***

***Thank you for your interest!***