RESCUE ACADEMY STUDENT APPLICATION

Please complete the following form and email to _balderson@datc.training_ or deliver it to the Danville Area Training Center by August 2nd, 2023. The Rescue Academy starts in October 2023 and runs until May 2024. Classes will be from 6:00pm – 9:00pm.

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. Previous medical training:

CPR _____ EMT (Level) _____

EVOC _____ Vehicle Extrication _____

Other Certifications: _____

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:

_____

_____

_____

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: _____   Pants Size: _____

15. Before any person is selected for membership in the Rescue Academy, 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.

_____

_____

_____

_____

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 balderson@datc.training or deliver it to the Danville Area Training Center by August 2nd, 2023.

Thank you for your interest!