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 23, 2026. The Rescue Academy starts September 2026 and runs until May 2027. Classes will be from 6:00pm – 9:00pm on Tuesday and Thursday.

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. Do you know anyone that works for DATC or DLSC? If so, please list names below:

_____

_____

_____

14. Are you currently a student at Danville Community College or have you been a student at DCC?

Yes: No:

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 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 (630 Randolph Street) by August 23, 2025.

Thank you for your interest!

DCC

Danville Community College