

Cavalier County

EMT Training

Application



The purpose of this program is to increase the number of volunteers available for Cavalier County ambulance squads. This program will allow interested individuals the opportunity to take the training at no cost. This program is only open to residents of Cavalier County or those who plan to take ambulance call in Cavalier County in the future. Priority will be given to individuals willing to take call .

Contact Information

Name

Address

City, State, Zip Code

Phone

Email

The grey boxes are for office use only, please do not fill them in.

Cavalier County Residency

Score

Do you currently live in Cavalier County?

Yes (10 points)

No (0 points)

Do you plan to live in Cavalier County for a period of at least one year after the completion of this course?

Yes (10 points)

No (0 points)

Please note this grant is available only to current Cavalier County residents or those willing to take ambulance call in Cavalier County in the future

Medical Training and Experience

Score

Please tell us about any relevant training or background you have in a medical field (up to 10 points)

The grey boxes are for office use only, please do not fill them in.

Taking Call

Score

Please check all times you would be able to take call for a Cavalier County Ambulance?

Please check all boxes that apply

Weekdays - days (5 points)

Weekdays - evenings (5 points)

Weekend - days (5 points)

Weekend - evenings (5 points)

Approximately how many hours per month would you be willing to take call for a Cavalier County ambulance?

Please check only one box

0 hours/none (0 points)

24-72 hours/1-3 days (5 points)

73- 168 hours/4-7 days (10 points)

169-240 hours/8-10 days (15 points)

241-336 hours /11-14 days (20 points)

337 hours or more/15 days or more per month (25)

Essay

Score

Please tell us why you want to take the EMT Training Course *(up to 10 points)*

Signature

By my signature below, I certify that the information I provided on this form is accurate, true and complete. I understand that false statements or deliberate omissions on this form will be grounds for the grant being revoked. I understand that if the

Signature

date