



**Cadet Emergency Medical Responder
Application
For
Evergreen Fire/ Rescue**

Your completed application should be returned by mail, email or fax.

Evergreen Fire/Rescue
1802 Bergen Parkway
Evergreen, CO 80439
303.674.3145

tdavis@evergreenfirerescue.com
dmontesi@evergreenfirerescue.com

Fax: 303 674-8701

This application is due prior to Nov 15, 2019

APPLICATION FOR EMR CLASS PARTICIPATION

Date _____

Personal

Student Full Name _____

Home Phone _____

Physical Address _____

City _____ Zip _____

Student Email: _____

Parent or Guardian Full Name _____

Mailing Address _____

City _____ Zip _____

Parent /Guardian Email: _____

General Information / Education

Do you currently attend EHS, CHS or CCHS? Yes No

In the coming school year will you be a: sophomore junior senior

Medical Insurance

Name of Provider: _____

Member #: _____ Group #: _____

(Please provide a copy of your medical insurance card.)

Emergency Contacts

1. Name _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

2. Name _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Medical History

Emergency Medical Response is physically demanding. The following questions are designed to ensure that you will be physically and safely able to perform the required duties of a medical responder. You will be required to provide a medical release from your personal physician.

In general, how would you describe your health and physical fitness? _____

1. Do you have or have you had any disorder of muscles or bones, including spine, back, or joints? Yes No
2. Do you have or have you had any disorders of heart, blood vessels, or high blood pressure? Yes No
3. Do you have any disease or disorders of the blood? Yes No
4. Are you taking any medications such as tranquilizers or sedatives? Yes No
5. Are you able to perform the tasks of lifting and moving heavy objects? Yes No

If you answered "Yes" to any of questions 1 through 4 above, please describe what accommodations would be required to full the EMR responsibilities: _____

Essay Question

Explain why you would like to participate in the Evergreen Fire /Rescue EMR class. Include any future goals as a volunteer or potential career. Use additional paper or back of page as necessary. _____

References

List 2 personal references other than immediate family.

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

Signature /Release of Information

I hereby certify that the above information to the best of my knowledge is true and correct and I acknowledge that all of the information contained herein is confidential. I authorize Evergreen Fire /Rescue to verify the above information. I further agree to release and hold harmless the Evergreen Fire Department, the Evergreen Fire Protection District, its elected officials, agents, employees and any persons arising out of release of such information. Any misrepresentations or omissions can be grounds for my immediate dismissal from the Evergreen Fire /Rescue Cadet Emergency Medical Responder program.

Signed (Student) _____ Date _____

Signed (Parent/Guardian) _____ Date _____

Submit completed application to:

tdavis@evergreenfirerescue.com

dmontesi@evergreenfirerescue.com

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