



**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](mailto:tdavis@evergreenfirerescue.com)  
[dmontesi@evergreenfirerescue.com](mailto:dmontesi@evergreenfirerescue.com)

Fax: 303 674-8701

**This application is due prior to Nov 15, 2020**

## **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 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 or senior?     Yes     No

### ***Medical Insurance***

Name of Provider: \_\_\_\_\_

Member #: \_\_\_\_\_ Group #: \_\_\_\_\_

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

Emergency Contacts:

1. Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile 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](mailto:tdavis@evergreenfirerescue.com)**

**[dmontesi@evergreenfirerescue.com](mailto:dmontesi@evergreenfirerescue.com)**

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

