Fire & EMS Training, LLC. 3625 Darlington Drive Zanesville, Ohio 43701

# **Student Application**

| Name:                       | Date of Birth:   | Gender:   |
|-----------------------------|--|---|
| lome Address                | City:  |   |
| State:                      | County:  | Zip:  |
| Phone:                      | SSN:   | State Cert Number:  |
| :mail:                      |  |   |
| MERGENCY MED                | PICAL INFORMATION (please print)   |   |
| o you have any he           | alth condition or handicaps, or take s   | pecial medications of which we should be  |
| ware? If so please          | list   |   |
| n the event of an en        | nergency please notify:  |   |
| Phone:                      | Relationship:  | Do you have an IEP:   |
| OURSE INFORM                | ATION: (please print)  |   |
| Course Name:                |  | Course Number:  |
| IRE DEPARTMEN               | T-EMS AGENCY-ORGANIZATION  | INFORMATION (please print)  |
| ire Department/A            | gency Name:  |   |
| Address:                    |  | City:   |
| State:                      | County:  | Zip:  |
| have met all the prerequisi | ST BE SIGNED BY STUDENT AND te for the class and grant Res1cue Fire & EMS Trais or mentally injured because of accident or illness | RESPONSIBLE PARTY (please sign) ning, LLC. authority to obtain medical attention and treati |
| Student Signature           | ·  | Date:   |
|                             |  |   |

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#### **Guidelines for EMS Training**

#### THE STUDENT:

- All students must be at least 17 years old and enrolled in the twelfth or final grade in a secondary school program.
- Have not been convicted of any of the following:
  - Any felony, A misdemeanor committed in the course of practice, or A misdemeanor involving moral turpitude
  - Has not committed fraud or material deception in applying for or obtaining a certificate issued under section 4765.55 of the Revised Code.
- The following must be submitted with this application prior to the start of class:
  - Copy of TB test within 1 year
  - Hepatitis B vaccine or signed refusal waiver
  - o Copy of MMR immunization and titer if needed
  - o Copy of a recent physical within 1 year of date
  - Flu Shot (seasonal as mandated by our healthcare affiliates)
  - If not affiliated with a fire department, shall provide proof of health and accident insurance coverage, prior to the first date of class.
  - Must provide a copy of a high school transcript with GPA of 1.5, or equivalent work keys assessment test result.
  - Background release if affiliated by a fire department, if no fire department affiliation applicant must provide a BCI background check (see local sheriff's office for more info)
- Must provide a copy of any prerequisites such as a copy of EMT to take an AEMT course.
- Must provide a copy of the certificate for NIMS 100 and 700 which can be found at www.training.fema.gov

I hereby acknowledge that I have read, understand, and will comply with, all the above listed training guidelines.

| Student Name Print: |  |  |
|---------------------|--|--|
|                     |  |  |
| Student Signature:  |  |  |
|                     |  |  |
| Date:               |  |  |

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# Waiver & Liability Release

| Student Name:  |  |
|--|--|
| course; and WHEREAS, the undersigned is a through participation in said activity and that risk of loss of life and/or limb and/or propert being knowledgeable that risks are involved claims to injury, person, and/or property; TH being allowed to participate in said activity a undersigned hereby voluntarily assumes all r property, and hereby releases Res1cue Fire & contracted employees, from every claim, liab by negligence of Res1cue Fire & EMS Train Release shall be binding upon any heirs, adm  | icipate in Res1cue Fire & EMS Training, LLC. training aware that there are risks and hazards which may arise a participation in said activity has serious risks, including by of the undersigned; and WHEREAS, the undersigned in said Course and being willing to waive all rights. or IEREFORE, it is agreed as follows: In consideration of and receive educational and other benefits the risks of accident or personal damage to his person or EMS Training, LLC., its affiliated agents and bility or demand of any kind sustained, whether caused ing, LLC. its agents or employees, or otherwise. This ministrators, executors and assigns of the undersigned. The reby certifies that the undersigned has read and fully  |
| facilities, training grounds, equipment, and s students and other invitees, makes no represe condition of its or other selected facilities, assumes no liability for and shall be indemni of any nature, kind or description whatsoever loss or damage to property owned or possess person which may result from any cause, incurraining facility facilities, training grounds other selected facilities, training grounds and staff The members of the training facility st with the state, in their personal and represe indemnified and held harmless from suit of costs and expenses for or on account of any student or other invitee or any injury to such Student or invitee hereby authorizes the training behalf, as necessary, and agrees to pay | d any affiliated agencies is making available selected staff, to provide an opportunity to learn on the part of its entation of and assumes no liability for the suitability or, training grounds; or equipment. The training facility ified and held harmless for any claims, demands or suits or, including costs and expenses, for or on account of any sed by any student or other invitee or any injury to such cluding but not limited to, the condition and operation of and equipment, or the condition and operation of any dequipment, and the acts or omissions of members of its taff and the instructors who are independent contractors sentative capacity, assume no liability for and shall be f any nature, kind, or description whatsoever, including those or damage to property owned or possessed by any the person which may result from any cause whatsoever, ining facility to seek emergency medical assistance on for any and all medical expenses incurred on his behalf. It harmless the training facility, for any and all such |
| for any injury or illness to the above-named   | S Training, LLC. harmless from all liability whatsoever person, or any damage or loss of equipment of whatever ssession, while participating in and training or education Training, LLC.   |
| STUDENT SIGNATURE:   |  |
|  |  |
| Date:  |  |
|  |  |

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# **EMS Background Release**

|  | Date:                 |
|--|-----------------------|
|  |                       |
| <u>l.</u>                                |                       |
| Chief of                                 | Fire Department       |
| hereby attest that student               | <u> </u>              |
| has undergone a fire department intervi  | ew and background     |
| check with character traits as reference | prior to the start of |
| this course. These requirements are in p | place to meet the     |
| requirements of 4765.55 of the Revised   | Code                  |
|  |                       |
| Fire Chief/EMS Agency/Organization       |                       |
| Print Name:                              |                       |
| Signature:                               |                       |

Fire & EMS Training, LLC. 3625 Darlington Drive Zanesville, Ohio 43701

Date:

# **Authorization for Payment**

| Student Name:   |
|---|
| Authorization Information:  |
| The above-named student is hereby authorized by the representing Fire Department/EMS Agency/Organization listed below to voluntarily enroll into a course offered by the Res1cue Fire & EMS Training, LLC.  |
| By my signature below attest the student has met the eligibility requirements as established for the course and by signature of authority below indicate an agreement to terms of payment in full for the course are to be made in full prior to the completion of course and or prior to the student taking a certification examination.   |
| Res1cue Fire & EMS Training, LLC. will invoice the Fire Department or EMS Organization a price for course as listed and accordance with the current Policy and Procedure manual. Payment can be submitted by check or money order or as cash to Res1cue Fire & EMS Training, LLC. 3625 Darlington Drive Zanesville, Ohio 43701  |
| The Fire Department or EMS Organization signature of authority below also indicate an agreement to terms of Res1cue Fire & EMS Training, LLC. Policy and Procedure manual stating the following conditions:  Self-Pay Students  Self-pay or non-department affiliated students must have a down payment of at least  half of the course cost prior to the beginning of a course in order to enroll. The second half of payment will be due by the mid-point of the course. Failure to do so will result in the student being excused from the program.  Student Withdrawals  Students who wish to withdrawal from a class may do so by submitting a letter to the Program Director. Refunding of Tuition Payments  All refunds will be minus \$250.00 processing fee and any cost for textbook, paperwork, class shirt, ect. Students that are beyond the first quarter of the class or have been dismissed shall forfeit any refund.  If the student is receiving funding from a State Grant or other form of grant reimbursement and does not complete, is removed, or fails a course, the student-sponsoring fire department/ems agency/organization will be responsible for the tuition payment in full as based on this policy even if the student fails to meet course completion criteria.  I hereby acknowledge that I have read, |
| understand, and will comply with, all the above listed  |
| authorization for payment guidelines.   |
| Fire Chief/EMS Agency/Organization Name   |
| AH I Signature:   |