OAKES AMBULANCE

2018-2019 EMS COURSE REGISTRATION

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| First and Last Name |

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| Full Mailing Address |

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| Email Address (one checked daily) |

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| Two Contact Phone Numbers (please specify if Home – Work – Cell ) |

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| Preferred contact method to be reached by the Instructor: (check one)  □ Email □ Cell Phone □ Home Phone □ Work Phone |

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| Emergency Contact: Name and Phone Number |

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| Have you previously worked in the Healthcare Field? YES or NO  If yes, what capacity? |

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| Are you currently volunteering or working with an EMS agency? YES or NO  If yes, what agency? |

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| How do you best learn? (i.e. reading, hands-on application, audio)  Describe: |

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| Are there any anticipated barriers to completing this course? (i.e. young children at home, work demands, not enough time, etc.)  Describe: |

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| What can Oakes Ambulance do to make this course successful for you? |