



Oakes Ambulance Service
615 Ivy Avenue
Oakes, ND 58474
(701) 742-3244
www.oakesambulance.com

Oakes Ambulance EMS Course Application

Application for: ☐ EMR ☐ EMT

First Name:		Last Name:		Middle Initial:
Mailing Address:			City:	State:
Zip:	Preferred Phone Number:		Email:	
Date of Birth:		Driver's License Number:		

If employed by, or a current member of an EMS agency, please list the service name and address below.

If you are not currently affiliated with an EMS agency, but one is sponsoring your education for this course, please provide all of the requested information below.

Service Name:	
Contact Person:	
Mailing Address:	
As the EMS representative for the agency named above, I verify that the potential student named on this application is currently a member of this agency OR our EMS agency intends to sponsor the education of this student as they seek affiliation in the future.	
Printed Name: _____	Date: _____
Signature: _____	

<i>Please provide at least one personal reference</i>	
Name: _____	Phone Number: _____

<i>Have you had any previous volunteer or work experience in the health care industry?</i>	
<input type="checkbox"/> No <input type="checkbox"/> Yes – What Capacity (Nurse, Aide, EMR, etc.)? _____	
<i>If you are a current healthcare provider (EMS, Hospital, Nursing Home, etc.), please provide at least one healthcare personnel reference.</i>	
Name: _____	Phone Number: _____

I hereby affirm and declare that the above information is true and correct, and that fraudulent entries may be sufficient cause for rejection from the course.

Signature: _____ Date: _____