

If you have lived in the Stafford area for less than one year, please list two additional references:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### SQUAD SPONSOR (If applicable)

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Recommendation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### EMS CERTIFICATION

Check all that apply. List state if other than VA. If you are an instructor, so state. Provide one copy of all current certifications.

\_\_\_\_\_ None -- Willing to enroll in an EMT class? Y / N (Circle one)  
 \_\_\_\_\_ CPR Expires \_\_\_\_\_  
 \_\_\_\_\_ EMT-A or EMT-B Expires \_\_\_\_\_  
 \_\_\_\_\_ EMT-D Expires \_\_\_\_\_  
 \_\_\_\_\_ EMT-ST Expires \_\_\_\_\_  
 \_\_\_\_\_ EMT-CT Expires \_\_\_\_\_  
 \_\_\_\_\_ EMT-P Expires \_\_\_\_\_  
 \_\_\_\_\_ ACLS Expires \_\_\_\_\_  
 \_\_\_\_\_ PALS or PEMSTP (CIRCLE) Expires \_\_\_\_\_  
 \_\_\_\_\_ PHTLS or BTLS (CIRCLE) Expires \_\_\_\_\_  
 \_\_\_\_\_ Enrolled in an EMT Class (list instructor  
 and test date): \_\_\_\_\_  
 \_\_\_\_\_ Other: \_\_\_\_\_