

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: _____