

# EMT Application Lake Ozark Fire

(Please print or type)

Name \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone number \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_

Phone number of Emergency Contact \_\_\_\_\_

Have you ever been convicted of felony?  Yes  No

I do, by my signature, certify that the information in this application is true and correct to the best of my knowledge. I understand that willfully supplying false information is sufficient cause for rejection of my application or removal from the course.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature (under 18) \_\_\_\_\_ Date \_\_\_\_\_

**Return to: EMERGENCY MEDICINE EDUCATION  
Division Chief Loyd  
Lake Ozark Fire  
1767 Bagnell Dam Blvd  
Lake Ozark, MO 65049  
(573) 365-3380 (Office)  
(573) 365-3758 (Fax)**

FOR OFFICE USE ONLY	
Date Received	
Admission Priority	