

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	