



OAK BLUFFS FIRE-EMS Services



6 Firehouse Lane, P.O. Box 1327 Oak Bluffs, MA 02557
Telephone: 508-693-5380 / Fax: 508-693-3262

John Rose
Chief

Jason Blandini, Lt.
Rich Michelson, Lt.

APPLICATION FOR EMT COURSE

Name: _____ Date of Birth: _____

Mailing Address: _____

Street Address: _____

Home # _____ - _____ - _____ Cell # _____ - _____ - _____ Work # _____ - _____ - _____

Email Address: _____

SS#: _____ Driver's License #: _____ Expires: _____

Have you ever taken the EMT Course before? Yes No

If yes, explain why you are taking it again: _____

If no, please give reasons for wanting to take the course and join the ambulance service: _____

References:

Name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

*I certify that the above information is correct and complete. I give permission to the Town of Oak Bluffs to perform a **CORI Check** for accuracy.*

Signature: _____ Date: _____