

# Windsor Volunteer Ambulance, Inc TRAINING REGISTRATION FORM

(Please Print)

Today's Date:	Class (check one):	EMT Initial EMT-R	EMR Initial EMR-R	CPR HCP Initial CPR HCP-R	Heartsaver Initial Heartsaver-R	PHTLS	Other
CANDIDATE INFORMATION							
Candidate's last name:		First:	Middle:	Mr. Mrs.	Miss Ms.	Class Name	
Is this your legal name? Yes      No	If not, what is your legal name?	(Former name):		Birth date:	Age:	Sex: M      F	
Street address:			Social Security No.:		Home phone No.:		
P.O. Box:		City:		State:		ZIP Code:	
Occupation:		Employer:			Employer phone no.:		
Do you currently work/ volunteer in Public Safety (Please check one box):			FD.	EMS	OTHER	OTHER:	
If YES please list Department and Chief of Service:							
Candidate's Email address:							

BILLING INFORMATION							
(Please attach your department's SIGNED PO. If no PO is attached, you are responsible for payment the first day of class.)							
Is this person the above listed Candidate ?		Yes	No	If NO, please complete this section for the responsible billing party.			
Person responsible for billing:		Birth date:		Address (if different):		Contact phone no.:	
Title:	Service:		Email address:			Day time phone no.:	
Is this Candidate covered by insurance?		Yes	No				
<p>The above information is true to the best of my knowledge. I authorize Windsor Volunteer Ambulance to bill the above named "Person responsible for billing". I understand that I am financially responsible for any balance due prior to the first day of class. Failure to submit payment may result in dismissal from class and possible collections. I also authorize Windsor Volunteer Ambulance to release any information required to the Town of Windsor, State of Connecticut, Hartford Hospital and NREMT as needed in order to process my application.</p>							
_____ <i>Candidate Signature</i>				_____ <i>Date</i>			
IN CASE OF EMERGENCY							
Name of local friend or relative (not living at same address):			Relationship to Candidate:		Home phone No.:		Work phone No.:

**After processing of this Application and receipt of payment (due prior to start of first class) the candidate and "Person responsible for billing" (if different) will receive a confirmation Email . The Email guarantees a seat in the requested class. Seats are not guaranteed until an email is issued by Windsor EMS.**

MAIL TO: TRAINING DEPARTMENT – WINDSOR VOLUNTEER AMBULANCE PO BOX 508, WINDSOR CT 06095  
 FAX: ATTENTION TRAINING DEPARTMENT 860-688-8891  
 EMAIL (If Signed): [Training@windsorctems.com](mailto:Training@windsorctems.com)

*Great patient care begins with great training*