

ADVANCED EMERGENCY MEDICAL TECHNICIAN APPLICATION



APPLICANT INFORMATION

Full Name _____

Date of Birth ____ / ____ / ____ Place of Birth _____

Gender Male Female Age _____

Home Address _____

City _____ Zip Code _____

Phone Number _____ Email _____

Shirt Size _____

Do you already hold an EMT License/Certification? Yes No

Do you have a high school diploma (or GED), or higher? Yes No

Do you have a valid Georgia Driver's License? Yes No

If yes, Driver's License #: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name _____ Emergency Phone _____

Relationship to Student _____ Alternate Phone _____

MEDICAL INFORMATION

Do you have any physical conditions that may limit your ability to perform training, clinical, or any other duties of an AEMT? Yes

_____ No

NOTICE

I, _____, applicant, do solemnly swear, that there are no willful misrepresentations or falsifications in any of the information on this application. I understand that should it be determined that this application contains any false information or any type of misrepresentation or falsification, my application will be rejected.

Applicant Signature

____ / ____ / ____
Date

ADVANCED EMERGENCY MEDICAL TECHNICIAN WAIVER & RELEASE FORM



RELEASE OF LIABILITY

In return for being allowed to participate in the Oglethorpe County Government sponsored Advanced Emergency Medical Technician (AEMT) Course, including any activities incidental to such participation ("AEMT Course"), the under-signed Applicant (hereafter referred to using "I", "me", or "my") releases and agrees not to sue the Oglethorpe County Government or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that the Oglethorpe County Government are not responsible for any injury or property damage arising out of the AEMT Course, even if caused by their ordinary negligence or otherwise.

I understand that participation in the AEMT Course involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the AEMT Course with knowledge of the danger involved and I agree to accept all risks of participation.

I also agree to indemnify and hold harmless the Oglethorpe County Government for all claims arising out of my participation in the AEMT Course.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the AEMT Course take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that the Oglethorpe County Government have not arranged and do not carry any insurance of any kind for my benefit or that of Applicant, my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in the AEMT Course.

I also understand that this document is a contract which grants certain rights to and eliminates the liability of the Oglethorpe County Government.

Applicant Signature

____/____/____
Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

ADVANCED EMERGENCY MEDICAL TECHNICIAN CRIMINAL HISTORY & FINGER PRINTING CONSENT FORM



I, _____, authorize Oglethorpe County to finger print me and receive any criminal history record information pertaining to me.

Full Name _____

Date of Birth ____ / ____ / ____

Place of Birth _____

Gender Male Female

Race _____

SSN _____

Driver's License Number _____

Applicant Signature

____ / ____ / ____
Date

SWORN AND SUBSCRIBED BEFORE ME THIS:

_____ DAY OF _____, 20____

NOTARY PUBLIC

My Commission Expires: _____

ADVANCED EMERGENCY MEDICAL TECHNICIAN PHOTO(S) & VIDEO(S) RELEASE FORM

PHOTO(S) AND VIDEO(S) RELEASE FORM

10-19 Training and Oglethorpe County Government have an ongoing effort to make our website and social media platforms a primary source for information pertaining to the community. Through this source, visitors to the website and county social media, including but not limited to potential sponsors and partners, media, residents, and constituents, will be able to access view photo(s) and video(s) in order to help locate and learn about the community via the website and social media platforms.

This form is a photo(s) & video(s) release waiver authorizing 10-19 Training and the Oglethorpe County Government to post photo(s) & video(s) of you on the 10-19 Training and Oglethorpe County Government website & social media platforms.

I hereby grant permission for any photo(s) & video(s) taken of me to be posted on the website or social media platforms of 10-19 Training and/or the Oglethorpe County Government.

Furthermore, 10-19 Training and the Oglethorpe County Government shall be allowed at anytime to terminate, delete, or remove the posting or listing of any contact information and photo(s) on the county website and social media platforms without notice to you or your business.

Fill out only the information you wish to be published on the county's website or social media platforms:

Full Name _____

Home Address _____

City _____ Zip Code _____

Phone Number _____ Email _____

Applicant Signature

____/____/____
Date