



**Saddle Hills First Responders  
Medical Co-Response Program  
Application for Membership**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Location of Home:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Since:** \_\_\_\_\_

**CPR Expiry Date:** \_\_\_\_\_

**Previous EMS Service Experience:**

\_\_\_\_\_  
\_\_\_\_\_

**Training Courses (EMS or Other Emergency)**

\_\_\_\_\_  
\_\_\_\_\_

**References:**

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return completed Application to:  
Saddle Hills County  
Administration Office  
Box 69  
Spirit River, AB T0H 3G0  
(fax) 864-3904