Volunteer Medical First Responder Application

Saddle Hills County

Name *

Date of Birth *

Mail Address *

Please provide us your mailng address

Phone (Home)

Phone (Cell)

Fax

Home location

CPR Expiry

Current Employer *

Employed since

Previous employer (3 years)

Previous EMS experience

Training Courses (EMS or other):

Please provide two references and phone numbers where we can reach them

Please use one of the options below to sign this form electronically or, print off the filled-out form and email it to us at: protsrvcs@saddlehills.ab.ca.

1) Sign here with your cursor or sign in the space provided from your mobile device.

Date of submission *

Notice of Collection

The personal information on this form is being collected for the purpose of determining eligibility to serve as a Medical First Responder in Saddle Hills County and will be shared with Administration. The information is collected under the authority of Section 146 of the Municipal Government Act and Section 4 of the Protection of Privacy Act. For questions about the collection of personal information, contact admin@saddlehills.ab.ca or call (780) 864-3760.

Please send me a pdf copy of this form

- (●) Yes
- ( ) No

Email address for copy of form *