

**EMERGENCY MEDICAL TECHNICIAN -  
**COURSE APPLICATION**  
**(July 9<sup>th</sup> 2019 - August 9<sup>th</sup> 2019)****

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

HOME ADDRESS (IF DIFFERENT): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

ARE YOU AFFILIATED WITH AN EMS SERVICE?  YES  NO

NAME OF THE EMS SERVICE: \_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Make  
Check  
Payable

**RETURN THIS APPLICATION BEFORE: June 28, 2019 WITH A  
**\$ 850.00 NON-REFUNDABLE BANK CHECK OR MONEY ORDER**  
 (unless you are requesting a payment plan which means a \$250.00 NON-REFUNDABLE  
**BANK CHECK OR MONEY ORDER is due by June 28<sup>th</sup> .) Sorry, no personal checks!****

to:

"Wolcott Vol. Ambulance"  
 Send to: Wolcott Vol. Ambulance  
 P.O. Box 6066  
 Wolcott, CT 06716

*ANY QUESTIONS - CONTACT Connie @ 203-879-4122 x110*

Official Use Only	Date Rec'd:	Amt. Rec'd:	Check #:	MO#:
	Rec'd by:	\$	Due:	

**EMERGENCY MEDICAL TECHNICIAN -  
**Payment Plan Option Application**  
**(July - 2019)****

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

Make  
Check  
Payable

**RETURN THIS Payment plan APPLICATION BEFORE:  
JUNE 28, 2019 WITH A \$250.00 NON-REFUNDABLE BANK CHECK  
OR MONEY ORDER. Payment plan is outlined below.**

to:

**Sorry, no personal checks!**

**“Wolcott Vol. Ambulance”  
Send to: Wolcott Vol. Ambulance  
P.O. Box 6066  
Wolcott, CT 06716**

*ANY QUESTIONS - CONTACT Connie @ 203-879-4122 x110*

<b>Due Date:</b>	<b>Amount Due:</b>	<b>Balance Due:</b>	<b>Received by:</b>
<b>6/28/2019</b>	<b>\$250.00</b>	<b>\$600.00</b>	
<b>7/9/2019</b>	<b>\$250.00</b>	<b>\$350.00</b>	
<b>7/24/2019</b>	<b>\$200.00</b>	<b>\$150.00</b>	
<b>8/7/2019</b>	<b>\$150.00</b>	<b>\$0.00</b>	

**No student will be allowed to sit for the final exam without full payment!**