

Williamstown Ambulance Service



APPLICANT INFORMATION						
Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone			E-mail Address			
Class Applied for						
Emergency Contacts						
Name (First, Last)			Address			
Phone			Phone #2			
Name (First, Last)			Address			
Phone			Phone #2			
Administrative (DO NOT WRITE BELOW THIS LINE)						
ACCEPTED: YES/NO REASON _____						
Direct Pay?	YES/NO (Payment Due @ first class)			Billed:	YES/NO (If Billed provide Billing Information below)	
				Name:		
				Street Address		
				City	State	
				Zip		
Payment Received?	YES/NO CASH/CHECK NO. _____					

DISCLAIMER AND SIGNATURE	
<p>I understand that participation in classes with the Williamstown Ambulance Service do not provide me with a license to practice any skills in this State or any other state. Examinations that can be scored locally, will be scored and certification if applicable will be provided to the participant. Administrative processing may be required and therefore, certification documents may not be immediately available. All questions should be directed to the class coordinator or the instructor(s).</p>	
Signature	Date