



Volunteer Medical First Responder Application

Saddle Hills County

Name *

Date of Birth *

Mail 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.

Please sign below

Date of submission *

Notice of Collection

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of providing County staff with information required to assess your application to the Medical First Responder Program. Direct any questions about this collection to: FOIP Coordinator, Saddle Hills County, RR 1, Spirit River, Alberta, Canada, T0H 3G0, 1-888-864-3760.