

WILDER RURAL FIRE PROTECTION DISTRICT
Supplemental Application for EMS Provider

Are you currently a certified EMS provider? Yes ___ No ___ If "yes", mark level of certification and State of Certification. ___ First Responder ___ EMT State _____ Cert. No. _____

Are you certified National Registry? Yes ___ No ___ If "yes", Registry No. _____

If you do not hold a current EMS Provider certification recognized by Idaho State EMS, do you request that the Wilder Rural Fire Protection District provide the training necessary to obtain your Idaho EMS Certification? Yes ___ No ___ If "yes", what level of certification do you wish to obtain? ___ First Responder ___ EMT

I understand that in exchange for the training expenses incurred by the Wilder Rural Fire Protection District, I will provide EMS services for the district for a minimum of two (2) years commencing with the completion of classes, passing the final exam and obtaining my State EMS Certification, in accordance with Title 14 of the Wilder Rural Fire Protection District Policy Code.

I further understand that should I not complete the required course or should I fail to pass the certification exam, I will be required to reimburse the Fire District the full amount of the cost of the course, currently \$ _____.___.

I also understand that should I discontinue to provide EMS service for the Fire District within the minimum two (2) years agreed stated herein, I will reimburse my training expenses to the Wilder Rural Fire District as follows. During the first year, 100% of the cost. After the 1-year anniversary date 50% of the original cost and on a monthly prorated basis thereafter until the 2-year anniversary date.

I understand that by signing this request and accepting training, I am entering into a legal, binding agreement with the Wilder Rural Fire Protection District to provide EMS service for the District. I also understand that should the District find it necessary to take legal action to recover the above-mentioned expenses, I will also be liable for any expenses that should be incurred in such action.

The undersigned further declares and represents that no promise, inducement or agreement not herein expressed has been made to the undersigned and that this agreement contains the entire agreement between

_____ and the Wilder Rural Fire Protection District, Canyon County, Idaho.

(Applicants Printed Name)

DATED This _____ day of _____, 20____

(Signature)

STATE OF IDAHO)

S.S.

County of Canyon

On This _____ day of _____ in the year of 20____, before me _____,

(Notary's Name)

personally appeared _____, and proved to me on the basis of satisfactory evidence to

(Individual's Name)

be the person(s) whose name(s) is (are) subscribed to the within instrument, and acknowledge that he (she) executed the same.

Notary Public

My Commission Expires on _____