



## Waterford Ambulance Service, Incorporated

### EMT Initial and Refresher Training Financial Assistance Form

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This form is to be used in conjunction with SOG T-14-002 EMT Initial and Refresher Training Reimbursements, when Waterford Ambulance Service personnel are requesting assistance in the funding of Emergency Medical Technician (EMT) Training.

Student Name: \_\_\_\_\_

The Waterford Ambulance Service has agreed to pay the individuals portion of the tuition for your class. This decision is based on several reason(s) as indicated herein:

- 1) Your current participation level.
- 2) Your commitment to the organization is noteworthy.
- 3) We anticipate your current participation level to increase when you are certified.

The Waterford Ambulance Service is making this investment in your education with the expectation that you will:

- 1) Complete the classwork and practical skills stations.
- 2) Provide Emergency Medical Services with our organization when you obtain your certificate.

If you do not finish the classwork and obtain certification, the Waterford Ambulance Service will pursue redemption in the cost of tuition & books that we invested for your tuition. If you need help with the classwork or practical skills we encourage you to meet with a Board Member from your district to aid in your education.

Sincerely

*Steven D. Garvin*

President, Waterford Ambulance Service

Date: \_\_\_\_\_

I, \_\_\_\_\_ do agree to complete the necessary classwork and practical skills stations in order to be eligible to take the State of Connecticut EMT Test. I understand that if I do not finish the classwork and practical skills stations, I can be held responsible for refunding the portion of the class paid by WAS within 30 days of withdrawal or termination. In the event of a catastrophic event, this aspect of the agreement may be appealed and exemptions made for a valid due cause reasons as determined by the WAS Executive Board.

Parental Agreement (for members under 18 years old): \_\_\_\_\_