



EMERGENCY MEDICAL TECHNICIAN Training Application

Please print clearly:

Name:

Address:

Phone:

Email:

Emergency contact information:

Please check applicable status:

- Unemployed
- Underemployed
- Veteran
- Public transportation or personal transportation (circle one)
- I am able to commit to a 6:00pm to 10:00pm class schedule for a 6 month period.**

I have read and understand the program requirements as explained in the guidelines.

Please initial _____

I give my permission to use my name and photo on marketing materials.

Please initial _____

Signature:

Date:

Submit applications to Debi Balog, Director, Workforce Development at dbalog@jari.com or by mail to 245 Market Street, Suite 200, Johnstown PA 15901.

*The program is funded through the PA Department of Community and Economic Development
Neighborhood Assistance Tax Credit Program.*