

ARGOS EMS APPLICATION

Name: _____ Telephone #: _____

Address: _____

Social Security #: _____ Date of Birth: _____

Drivers License # _____

Status, Driver: _____ EMT: _____

Certification #: _____ Cert. Renewal Date: _____

Additional Comments: _____

Argos Community Ambulance Service

101 S. First St.
Argos, Indiana 46501

I, _____, hereby authorize the Argos EMS to obtain, copy, secure and review any and all records and/or charts pertaining to my medical and criminal History records and drivers license history.

I hereby absolve and agree to hold harmless any individual, agency or institution who supplies data records or information from any liability of whatever nature and from any cause of action which might arise from said transaction.

I understand this information will be kept confidential.

Applicant's Signature

Date

Social Security #: _____

Driver's License #: _____