



La Porte EMS  
 EMS Citizens Academy  
 10428 Spencer  
 La Porte, Texas 77571



**APPLICANT INFORMATION**

Last Name:		First:		M.I.:		Age:					
Street Address:				City:		ST:	ZIP:				
Occupation:			Business Name:								
Business Address:				City:		ST:	ZIP:				
Cell Phone:		Alt Phone:		Work Phone:							
Date of Birth:		Driver's License #			Email:						
Do you have current health insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Shirt Size:	(Circle)	XS	S	M	L	XL	XXL	XXXL

Have you ever been arrested or convicted of a crime? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about the Citizens EMS Academy? \_\_\_\_\_

Why do you wish to attend? \_\_\_\_\_

\_\_\_\_\_

**REFERENCES** (Give Name, Address & Phone Number of Two (2) Character References)

1) \_\_\_\_\_

2) \_\_\_\_\_

**EMERGENCY CONTACT**

Name:		Phone:	
Address:		Relationship:	

**DISCLAIMER AND SIGNATURE**

In consideration of my application to attend the Citizen EMS Academy and/or participate in the Rider/Observer Program; I give the La Porte EMS Department permission to check my personnel background, references, driver's license status, warrant and criminal history at any time to insure the integrity of the programs. The above information is correct to the best of my knowledge. I understand that false or misleading information in my application may result in my release from the Academy or any associated Alumni affiliation.

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