

SENECA COUNTY Emergency Medical Services



SENECA COUNTY EMS TRAINING GRANT APPLICATION

CLASS NAME	TOTAL COST
START DATE*	FINAL TEST DATE
CLASS LOCATION	
APPLICANT'S NAME	
	CITY/ZIP
HOME PHONE	DISTRICT
CERTIFICATION LEVEL	EXP DATE
cost (see below), of this class upon apparticipate with the above named Sen applicant also agrees to reimburse Se requirements are not met or the application.	County EMS will reimburse for the cost, or a percentage of the opposal. The undersigned applicant agrees to actively eca County EMS district for the period of 2 (two) years. The neca County EMS the full amount of the grant if the preceding cant does not successfully complete and/or gains agency g this agreement, the applicant authorizes the teaching class to Seneca County EMS.
APPLICANT SIGNATURE	DATE
RECOMMENDED BY(SIGNATURE LOCAL SQUAD COORD	DATE
* GRANT FORM MUST BE IN EMS C	FFICE 2 WEEKS PRIOR TO THIS DATE.
	AL [] YES [] NO

Ken Majors RN, NRP, EMS Director Dani Gebauer, NRP, Asst. EMS Director 126 Hopewell Ave. Tiffin, Ohio 44883 Office: 419-447-0266 Fax: 419-448-5064



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Training Grant Pg. 2

Please init	tial on the line besides the requirements of each squad that you intend to be aligned with. Your initials represent that you understand the requirements to be an active member with that squad.
Attic	ca-6 runs and/or 6 meeting dates
Basc	com- 8 hrs/week with at least 4 on the weekend. Attend monthly training and business meetings
Betts	sville – 12 hrs/week including weekends. Attend monthly business meetings
Bloo	omville-Make 1/4 th of the total runs made by the squad. Attend 4 - 6 monthly business meetings per year.
New	Riegel- 5 to 7 shifts consisting of 12 hours each per month, which includes a weekend day/night for first 3 years of certification. Attend all meetings and trainings if possible.
Rep	ublic- Make ¼ th of the runs made by the squad. Attend 4 – 6 monthly business meetings.