

# RESCUE COLLEGE

## GENERAL REGISTRATION FORM

### PART ONE - PERSONAL INFORMATION

NAME: (As You Would Like It To Appear On Your Certificate)

-   -

First

Middle

Last

Soc. Sec # (Last 4 Digits Only)

DEPARTMENT/SQUAD REPRESENTING:

Active TARS Unit

TARS Associate Unit

Other Non-TARS

Address \_\_\_\_\_ ( ) \_\_\_\_\_ Name of Dept/Squad  
City State Zip Dept Phone Number

HOME ADDRESS:

\_\_\_\_\_ ( ) \_\_\_\_\_ Address  
City State Zip Home Phone Number

DATE OF BIRTH: \_\_\_\_\_

SEX:

MALE

FEMALE

STATUS OF APPLICANT:

CAREER

VOLUNTEER

### PART TWO - COURSE REGISTRATION

ENTER NAME AND DATES OF COURSE FOR WHICH YOU ARE REGISTERING:

COURSE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

**INSTRUCTOR I  
APPLICANTS ONLY**

I PLAN TO PURSUE INSTRUCTOR CERTIFICATION IN THE FOLLOWING AREA(S):

EXTRICATION

EMERGENCY VEHICLE OPERATIONS

BLOODBORNE  
PATHOGEN

COURSE FEE AMOUNT \$ \_\_\_\_\_ ENCLOSED. (Fee/Purchase Order Number Must Be Enclosed With This Form.)

**ALL APPLICANTS  
PLEASE READ**

With this application I acknowledge that I realize that rescue training and operations pose certain risks and my participation could result in personal injury. I also understand that the Tennessee Association of Rescue Squads is not providing any type of personal medical or disability insurance for me as a student and that such coverage is My responsibility or that of my unit or department.

*MAKE CHECKS PAYABLE TO THE TENNESSEE ASSOCIATION OF RESCUE SQUADS.  
MAIL CHECKS AND APPLICATION TO:*

**STATE OFFICE  
TENNESSEE ASSOCIATION OF RESCUE SQUADS  
2906 TAZEWELL PIKE - SUITE 'B'  
KNOXVILLE, TN 37918**

FORM TR I REV 4

PHONE: 865-689-3256 FAX: 865-688-7015

*APLICRES.COL*