

**DAYTONA STATE COLLEGE**  
**EMERGENCY MEDICAL TECHNICIAN**  
**OR**  
**PARAMEDIC**

**APPLICATION FOR ALL SEMESTERS**



**MAIL OR DELIVER YOUR COMPLETED APPLICATION TO:**

**DAYTONA STATE COLLEGE, EMS PROGRAM**  
**ADVANCED TECHNOLOGY COLLEGE**  
**1770 TECHNOLOGY BLVD,**  
**DAYTONA BEACH, FL 32117**

**[ems@daytonastate.edu](mailto:ems@daytonastate.edu)**

**IMPORTANT PHONE NUMBERS**

**EMS Program Office**  
**Phone: (386) 506-4122**  
**Fax: (386) 506-4192**

**DAYTONA STATE COLLEGE EMS  
APPLICATION FOR EMT OR PARAMEDIC COURSES**

Download and complete this application. When finished, please email using the button on the top right of the page or deliver to the EMS Department.

Exact Legal Name:

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
LAST NAME

FIRST NAME

MIDDLE INITIAL

**Application for Admission to Daytona State College is required PRIOR to applying for EMT or Paramedic:**

[https://webapps.daytonastate.edu/ICS/Admissions/Admissions\\_Homepage.jnz?portlet=Apply\\_Online&for\\_mname=Application+For+Admission](https://webapps.daytonastate.edu/ICS/Admissions/Admissions_Homepage.jnz?portlet=Apply_Online&for_mname=Application+For+Admission)

If you have been admitted to Daytona State College previously but have not taken classes recently, you will need to be readmitted. <http://www.daytonastate.edu/admissions/readmission.html>

DSC Student ID #: \_\_\_\_\_ Social Security Number (Last 4 numbers ONLY): \_\_\_\_\_

Birthdate: \_\_\_\_\_

**SELECT THE CLASS YOU WANT TO ATTEND BELOW** – SCHEDULES WILL BE PROVIDED AT ORIENTATION.

**EMT DAY – ADVANCED TECHNOLOGY COLLEGE – DAYTONA (Program Code 0960)**

Select semester:

FALL (August to December)

SPRING (January to May)

SUMMER (May to August)

**EMT EVENING – ADVANCED TECHNOLOGY COLLEGE – DAYTONA (Program Code 0960)**

Select semester:

FALL (August to December)

SPRING (January to May)

SUMMER (May to August)

**PARAMEDIC – ADVANCED TECHNOLOGY COLLEGE – DAYTONA (Program Code 0957)**

Do you have a valid and current State of Florida EMT Certificate? YES  NO

Florida EMT Certificate Number: \_\_\_\_\_

**Florida EMT Certification is required prior to the application deadline.**

Select semester:

- FALL (1 year starting in August) – Fire “B” Shift Schedule  
 SPRING (1 year starting in January) – Fire “C” Shift Schedule  
 SUMMER (1 year starting in May) – To Be Determined

Permanent Address (RESIDENCE):

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

County: \_\_\_\_\_

Current Mailing Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

County: \_\_\_\_\_

Personal Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact Person (NAME):

\_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Do you possess a valid driver's license? YES  NO

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Do you have Health Insurance (Required for all students) YES  NO

Name of Company: \_\_\_\_\_ Policy # \_\_\_\_\_

(NOTE: If you do not have health insurance you will be required to have it PRIOR to the first day of class)

NOTE: You will be required to obtain a physical exam PRIOR to the first day of class. You can obtain the necessary forms by clicking here: <http://www.daytonastate.edu/ses/ems/index.html>

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**ENTRY TESTING:** Students are required to take the TABE test and score a minimum of 10 in all sections. Exemptions may apply. Please contact the assessment center for more information.

To be exempt from taking the TABE (Test of Adult Basic Education), students must:

- have started 9<sup>th</sup> grade at a Florida public high school in 2003 or later
- have graduated high school with a standard high school diploma in 2007 or later from a Florida public high school
- be active duty military
- 

Students that are not exempt from taking the TABE (Test of Adult Basic Education) are:

- students with a GED regardless of where they earned it or in what year
- students with a high school Certificate of Completion regardless of where they earned it or in what year
- students that graduated from a high school outside of Florida regardless of the graduation year
- student that graduated from a private high school in Florida regardless of the graduation year
- students that were homeschooled
- military veterans

TABE Score (if not exempt) \_\_\_\_\_

## CRIMINAL HISTORY

All Applicants are required to obtain a level 2 background check and a 10-Panel Drug screening prior to admission to the EMS program. You must schedule this with certified background at this link: <HTTPS://WWW.CERTIFIEDBACKGROUND.COM/> Enter code: **DB36** when asked. If you have any past or present criminal history that will show on your background check, please contact the EMS Department!

**NOTE: IF YOU HAVE ANY CHARGES PENDING AND/OR ANY ONGOING LEGAL ACTION RELATING TO A CHARGE, YOU ARE NOT ELIGIBLE TO APPLY TO THE EMS PROGRAMS UNTIL THE CASE(S) IS/ARE SETTLED AND THE OUTCOME REVIEWED BY THE EMS PROGRAM.**

Florida Statute Section 435.03 states in pertinent part as follows: Any person for whom employment screening is required by statute must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense prohibited under any of the following provisions of the Florida Statutes or under an similar state of another jurisdiction:

- a) Section 415.111, relating to abuse, neglect, or exploitation of a vulnerable adult.
- b) Section 782.04, relating to murder.
- c) Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.
- d) Section 782.071, relating to vehicular homicide
- e) Section 782.09, relating to killing of an unborn child by injury to the mother.
- f) Section 784.011, relating to assault, if the victim of the offense was a minor.
- g) (g) Section 784.021, relating to aggravated assault.
- h) Section 784.03, relating to battery, if the victim of the offense was a minor.

- i) Section 784.045, relating to aggravated assault.
- j) Section 787.01, relating to kidnapping.
- k) Section 787.rJ2, relating to false imprisonment.
- l) Section 794.011, relating to sexual battery.
- m) Former s.794.041, relating-to prohibited acts of persons in familial or custodial authority.
- n) Chapter 796, relating to prostitution. .
- o) Section 798.02, relating to lewd and lascivious behavior.
- p) Chapter 800, relating to lewdness and indecent exposure.
- q) Section 806.01, relating to arson.
- r) Chapter 812, relating to theft, robbery, and related crimes, if the offense was a felony.
- s) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.
- t) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.
- u) Section 825.1025, Section 825.102, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- v) Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.
- w) Section 826.04, relating to incest.
- x) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.
- y) Section 827.04, relating to contributing to the delinquency or dependency of a child.
- z) Former s.827.05, relating to negligent treatment of children.
- aa) Section 827.071, relating to sexual performance by a child.
- bb) Section 847, relating to obscene literature.
- cc) Chapter 893, relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.
- dd) Section 456.0635 relating to Medicaid fraud; disqualification for licensure, certificate or registration (pertaining to a felony under Chapter 409, Chapter 817, Chapter 893, 21 U.S.C. ss.801-970, or 42 U.S .C. ss. 1395-1396 within 15 years of sentence and any subsequent period of probation).



Dear Applicant:

Thank you for applying to attend EMS classes at Daytona State College. To finalize your application you MUST complete the attached items PRIOR TO THE FIRST DAY OF YOUR CLASS!!

### **BACKGROUND CHECK & DRUG SCREEN**

Daytona State College EMS contracts with Certified Background to conduct our background checks and drug screening. You will find the information on how to create an account and schedule your fingerprints and drug screen.

You must complete and sign the FDLE VECHS Waiver Agreement and Statement

Your background and drug screen results are sent directly to the EMS Department electronically.

**YOUR REPORT FROM CERTIFIED BACKGROUND MUST BE RECEIVED IN THE EMS DEPARTMENT PRIOR TO THE FIRST DAY OF YOUR CLASS!! IF WE DO NOT HAVE YOUR RESULTS BEFORE THE FIRST DAY OF CLASS, YOU WILL BE ASKED TO WITHDRAW FROM THE COURSE.**

### **PHYSICAL EXAM**

You will find your physical form in this packet. You may go to any physician you wish to complete the form. If you have recently had a physical from a physician, you may use that as long as all items on our form are documented.

It is essential that you provide your immunization record as requested!

You MUST provide proof that you have received a Flu shot with this application. Hospital clinical sites require flu shots of all students and providers.

**YOUR PHYSICAL EXAM DOCUMENTS MUST BE RECEIVED IN THE EMS DEPARTMENT PRIOR TO THE FIRST DAY OF YOUR CLASS!! IF WE DO NOT HAVE YOUR RESULTS BEFORE THE FIRST DAY OF CLASS, YOU WILL BE ASKED TO WITHDRAW FROM THE COURSE.**

If you have any questions regarding these forms, please contact our office: 386-506-4122, or email: [ems@daytonastate.edu](mailto:ems@daytonastate.edu)

Form A

Florida Department of Law Enforcement  
Criminal Justice Information Services Division/User Services Bureau



**VECHS WAIVER AGREEMENT AND STATEMENT**

**Volunteer & Employee Criminal History System (VECHS)**

for Criminal History Record Checks

under the National Child Protection Act of 1993, as amended,  
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (**enter Name of Qualified Entity**) DAYTONA STATE COLLEGE EMS to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

**A national criminal history background check on me has previously been requested by:**

\_\_\_\_\_  
(Name and Address of Previous Qualified Entity) (Year of Request)

I \_\_\_have OR \_\_\_have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_do OR \_\_\_do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee  Volunteer  Contractor/Vendor

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

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**TO BE COMPLETED BY QUALIFIED ENTITY:**

Entity Name: Daytona State College EMS

Address: 1770 Technology Blvd, Room 124C, Daytona Beach FL 32117

Telephone: 386-506-4122 Fax: 386-506-4192

FDLE Assigned Qualified Entity Number: EV64020005

**ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY**





## STUDENT INSTRUCTIONS FOR DAYTONA STATE COLLEGE - EMS

### About CertifiedBackground.com

CertifiedBackground.com is a service that allows students to order their own drug tests & fingerprints online. Information collected through CertifiedBackground.com is secure, tamper-proof and kept confidential. The services performed are based on guidelines provided by your school, so you know you will receive all the information you need from one source. Your drug test results will be posted on the CertifiedBackground.com website where the student, as well as the school, can view them.

### Before Placing Your Order

- **Required Personal Information**
  - In addition to entering your full name and date of birth, you will be asked for your social security number, current address, phone number and email address.
- **Drug Test (Quest)**
  - After you place your order, you will receive an email directly from the lab within 24-48 hours containing your electronic chain of custody form (e-chain); the subject line: "Formfox". This email will explain where you need to go to complete your drug test.
- **Fingerprints**
  - The online order process will guide you through the steps to complete a statewide Live Scan Fingerprint with **FDLE**.
- **Payment Information**
  - At the end of the online order process, you will be prompted to enter your Visa or Mastercard information. Money orders are also accepted but will result in a \$10 fee and an additional turnaround time.

### Place Your Order

Go to: [www.CertifiedBackground.com](http://www.CertifiedBackground.com), click on "Students" & enter package code:

**DB36 – Drug Test & Fingerprints**

**DB36dt – Drug Test Only**

### About Your Results

After placing your order on CertifiedBackground.com, you will receive a confirmation email that will contain the password needed to view any missing information required to process your order.

Go to: [www.CertifiedBackground.com](http://www.CertifiedBackground.com), enter the password provided, then click "View". On the next screen, enter the last 4 digits of your social security number to access your information.

To see your order status, return to CertifiedBackground.com with your password. Your order will show as "In Process" until it has been completed in its entirety. Your fingerprint results are sent directly to the school from the **FDLE** and are not viewable online.

If you have any additional questions, please contact Certified Background Student Support at (888) 666-7788 Ext. 1 or email: [customerservice@certifiedbackground.com](mailto:customerservice@certifiedbackground.com).



Type DB36 in this box to order your background & drug screen

STUDENT/APPLICANT VIEW YOUR RESULTS <input type="text"/> <input type="button" value="GO"/>	CLIENT/ADMINISTRATOR ACCESS <input type="text"/> <input type="button" value="GO"/>
BADGE ACCESS <input type="text"/> <input type="button" value="GO"/>	<input type="text"/> <input type="button" value="GO"/>
<b>PLACE ORDER</b> <input type="text" value="DB36"/> <input type="button" value="GO"/>	

COLLEGE & UNIVERSITY SOLUTIONS

**about Student Screening**

**about Employment Screening**

**CP CERTIFIEDPROFILE**

FREE student portal, providing your students with the organization and communication tools they need to succeed, both in school and after graduation

Jennifer Smith

1 2 3 4 5 CertifiedProfile

Type DB36 in this box to order your background & drug screen



There's only one CertifiedBackground.com



*we listen. we respond.*

leading through innovation

Click [here](#) to download a PDF of our Year End Report.



FREE student portal—giving your students the advantage they deserve. [Learn more](#)

We have the tools to help KY teacher ed students meet their field experience requirements. Contact our KY rep today! <http://t.co/NjvV125a> 197 days ago FOLLOW US

Student Support	<b>FREE WEBINAR SIGN-UP</b>	CastleBranch.com	Resource Center	Partners
Sign Up Today!		CertifiedProfile.com	FAQ	Privacy
Customer Service		CertifiedContractor.com	Webinars	Contact us
Personal Use Background Checks		CertifiedVolunteer.com	Customer Service	About us

**DAYTONA STATE COLLEGE  
EMT/PARAMEDIC PROGRAM APPLICATION**

**APPLICANT HEALTH HISTORY**

**THIS SECTION TO BE COMPLETED BY THE APPLICANT:**

1. Which childhood diseases have you had?
2. Are you allergic to any medications? If so which?
3. What other allergies do you have?
4. Have you had frequent absences from work or school due to health problems? If yes, please explain.
5. Are you currently under a physicians care for any reason? If yes, please explain.
6. Have you ever consulted a psychiatrist or psychologist? If yes, please explain.
7. Are you currently taking any medications regularly? If yes, please explain.
8. Have you ever had surgery? If yes, please list procedure(s) and date(s).
9. Have you had, or do you currently have, any of the following?:
  - Arthritis\_\_\_\_\_
  - Tuberculosis\_\_\_\_\_
  - Asthma\_\_\_\_\_
  - Diabetes\_\_\_\_\_
  - Heart disease\_\_\_\_\_
  - Jaundice\_\_\_\_\_
  - Epilepsy\_\_\_\_\_
  - Back injury\_\_\_\_\_
  - Neck injury\_\_\_\_\_
  - Rheumatic fever\_\_\_\_\_
  - Malignancies\_\_\_\_\_
  - Migraine headaches\_\_\_\_\_

Are you currently covered by health insurance?    Yes                       No

\_\_\_\_\_

Applicants Signature

\_\_\_\_\_

Date

**DAYTONA STATE COLLEGE  
EMT/PARAMEDIC PROGRAM APPLICATION  
REPORT OF PHYSICAL EXAMINATION**

**A licensed physician must complete this report. All sections of the report must be completed, and the form must be signed and dated. Failure to complete all sections will result in the applicant's file being considered incomplete, and the applicant will be ineligible for admission to the EMT program.**

Name: \_\_\_\_\_  
Last
First
Middle

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Vision: Uncorrected Right: 20/ \_\_\_\_\_ Left: 20/ \_\_\_\_\_  
 Corrected Right: 20/ \_\_\_\_\_ Left: 20/ \_\_\_\_\_  
 Color perception: \_\_\_\_\_

Hearing: Right: 15/ \_\_\_\_\_ Left: 15/ \_\_\_\_\_

Vital Signs: Respiratory Rate \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
 Resting Heart rate \_\_\_\_\_ 1 min. after exertion \_\_\_\_\_  
 3 minute step test at 98 steps per minute  
 Heart rate after exertion (step test) \_\_\_\_\_

NORMAL	CLINICAL EVALUATION	ABNORMAL (Describe in this space as needed)
<input type="checkbox"/>	Head, face, scalp	<input type="checkbox"/>
<input type="checkbox"/>	Eyes	<input type="checkbox"/>
<input type="checkbox"/>	Ears	<input type="checkbox"/>
<input type="checkbox"/>	Nose	<input type="checkbox"/>
<input type="checkbox"/>	Mouth/Throat	<input type="checkbox"/>
<input type="checkbox"/>	Chest/Lungs	<input type="checkbox"/>
<input type="checkbox"/>	Heart	<input type="checkbox"/>
<input type="checkbox"/>	Abdomen	<input type="checkbox"/>
<input type="checkbox"/>	Extremities	<input type="checkbox"/>
<input type="checkbox"/>	Neck/Back	<input type="checkbox"/>
<input type="checkbox"/>	Vascular system	<input type="checkbox"/>
<input type="checkbox"/>	Skin	<input type="checkbox"/>
<input type="checkbox"/>	Neurologic	<input type="checkbox"/>



## **APPLICANT INSTRUCTIONS – NOTARIZED STATEMENTS**

**It is the responsibility of each applicant to contact a Notary and have these documents completed. These documents must be presented to the EMS department (ATC Room 124C) to complete your application.**

You can find a notary at local banks, check cashing stores, UPS stores, FedEx stores, real estate offices, etc.

1. Read all of the documents carefully. There are three (3) statements that need the signature of a Notary:
  - Statement of Understanding and The Personal Character Statement
  - Volusia County Acknowledgement of Student Relationship with EVAC Ambulance
  - City of Deltona Hold Harmless Agreement
  
2. In the presence of a Notary Public, initial and sign as directed on the form.

**DO NOT SIGN OR INITIAL IN ADVANCE! IT MUST BE DONE IN FRONT OF THE NOTARY SO THEY MAY WITNESS YOUR SIGNATURE!**

ALL APPLICANTS ARE REQUIRED TO INITIAL AND SIGN THIS STATEMENT IN FRONT OF A NOTARY PUBLIC OF THEIR CHOICE WHO WILL VERIFY YOUR SIGNATURE. PLEASE PRINT THIS PAGE AND COMPLETE IT. YOU ARE REQUIRED TO SUBMIT IT TO THE EMS DEPARTMENT AT ORIENTATION.

**IT IS UP TO YOU TO LOCATE A NOTARY! YOU CAN CHECK AT LOCAL BANKS, TITLE COMPANIES, HUMAN RESOURCE DEPARTMENTS, ETC!**

**APPLICANT INSTRUCTIONS**

1. Read the Statements of Understanding and The Personal Character Statement carefully.
2. In the presence of a Notary Public, initial each paragraph of the Statements of Understanding.
3. PRINT your name on the appropriate line in the Personal Character Statement.
4. In the presence of a Notary Public, SIGN and DATE the Personal Character Statement.

**STATEMENTS OF UNDERSTANDING**

1. I understand that the EMS program is an intensive academic activity, involving lecture classes and lab classes on a demanding schedule, plus required clinical rotations. I have read and understand these requirements as outlined.

APPLICANT'S INITIALS \_\_\_\_\_

2. I understand that attendance is required at all lecture and lab classes as well as clinical sessions; and that there are no unexcused absences.

APPLICANT'S INITIALS \_\_\_\_\_

3. I understand that I will be required to enroll in the specific lab section that corresponds with my scheduled EMS lecture section.

APPLICANT'S INITIALS \_\_\_\_\_

4. I understand there are minimum passing scores that must be met in all Daytona State College EMS courses. These will be explained to me in detail at the start of classes.

APPLICANT'S INITIALS \_\_\_\_\_

5. I understand that student uniforms are required, and that I must purchase these before the first day of classes.

APPLICANT'S INITIALS \_\_\_\_\_

6. I understand that I will be required to sign "hold harmless agreements" to complete mandatory clinical rotations at emergency services agencies.

APPLICANT'S INITIALS \_\_\_\_\_

7. I understand that I may be exposed or communicable diseases and/or bloodborne pathogens during clinical experiences. I understand that I must demonstrate proof of personal health insurance and this policy must remain in force during the duration of the program.

APPLICANT'S INITIALS \_\_\_\_\_

8. I understand that I must complete a thorough criminal background check as well as a drug screen. If the results of my background check and/or drug screen are not acceptable to the EMS program clinical affiliates, I will be dismissed from the EMS program and will not be able to reapply.

APPLICANT'S INITIALS \_\_\_\_\_







## County of Volusia Emergency Medical Services Division EVAC Ambulance

### *Acknowledgement of "Student" Relationship with EVAC Ambulance*

I am a student participating in the Emergency Medical Technician (EMT) or Paramedic program at the Daytona State College (DSC). I understand that these programs are offered by DSC in affiliation with the County of Volusia, Emergency Medical Services Division, EVAC Ambulance.

I acknowledge the following:

- (a) **RISKS.** I am aware that during the course of my clinical rotations at EVAC Ambulance that I am subject to certain risks that are inherent to the emergency medical services industry. These risks include, but are not limited to, serious and debilitating injuries as a result of accidents involving emergency medical service vehicles, violence directed at emergency medical service providers and exposure to infectious diseases.
- (b) **INFECTIOUS DISEASES.** I understand that by the very nature of providing emergency medical care I am at a greater risk of exposure to infectious diseases. Infectious diseases may include, but are not limited to, Human Immunodeficiency Virus (HIV), which can progress in to Acquired Immune Deficiency Syndrome (AIDS), any of varieties of Hepatitis (HBV, HCV) and Tuberculosis (TB). I further understand that any one of these illnesses can have devastating ramifications on my quality of life including, but not limited to hospitalization, long-term adverse health complications, loss of employment and even death. I understand and agree that prior to my first clinical rotation on an EVAC Ambulance; I must have received at minimum the first and second immunizations in the three-immunization series for Hepatitis B. I also understand that, facial hair, with the exclusion of a mustache that cannot extend below the corner of the mouth, is prohibited.
- (c) **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA).** I understand and agree that HIPAA guarantees privacy to all medical clients and that I will refrain from any and all activity that might even remotely jeopardize the patient's right to privacy. Such activities might include the audio, video or photograph recording and verbal communication of confidential or identifying patient information beyond what is required by the College for course completion. I understand and agree that video and still photography are strictly forbidden while performing clinical rotations with EVAC Ambulance.
- (d) **PROFESSIONAL CONDUCT.** I understand and agree that my presence on EVAC Ambulance properties and vehicles is that of an invited guest and that any ill behavior or disruptions that I might cause may result in my immediate and permanent expulsion from all agency properties and vehicles.
- (e) **COMMUNICATIONS.** I understand and agree the presence of cellular telephones and pagers on EVAC Ambulances is allowed providing that they are placed in to a silent mode and do not cause any disruption during patient care. Students are forbidden to converse on cellular phones while the ambulance or crews are involved in agency business.
- (f) **RELATIONSHIP WITH EVAC AMBULANCE.** I understand and agree that my relationship with EVAC Ambulance is that of a "student" participating in a DSC program requiring under law an affiliation agreement with a licensed emergency medical services transport provider. In no way will I construe this relationship as a temporary employee, a contracted employee, a part-time employee or a full-time employee with EVAC Ambulance or the County of Volusia, Florida, the contractor of ambulance services within Volusia County. Based upon this "student" relationship, I understand and agree that I do not have the right to, nor will I assert, any claims to the respective entities Workers' Compensation coverage or benefit packages, including health insurance.

(g) **MEDICAL INSURANCE.** I understand and agree that I am solely responsible for the procurement and maintenance of health insurance to provide for my immediate and long term care in the event I suffer from an injury or communicable disease exposure during my clinical experience and that this requirement was made by the Daytona State College.

(h) I hereby understand and agree to assume all risk to myself involved in riding in and/or participating with EVAC Ambulance and fully assume all responsibility for any personal injury that may result from said participation. It is my intention that this shall be binding on my spouse, heirs, legal representatives and assigns and that its coverage extends to my heirs, legal representatives and assigns.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTICIPANT'S NAME (LEGIBLY PRINTED)

\_\_\_\_\_  
TELEPHONE

**STATE OF FLORIDA:  
COUNTY OF VOLUSIA:**

The foregoing instrument was acknowledged before me on _____ by <p style="text-align: right;"><i>Date</i></p> _____, who is personally known to me or who has produced <p style="text-align: center;"><i>Name of person acknowledging</i></p> _____ as identification and who did (did not) take an oath. <p style="text-align: center;"><i>Type of identification</i></p> <i>Name of Notary (typed, printed or Stamped, include Commission Number)</i> _____
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## Hold Harmless Agreement

I, \_\_\_\_\_ agree to participate in the internship program as part of the Daytona State College EMS Emergency Medical Technician and/or Paramedic program. I understand that I will be under the direct supervision of a Firefighter/Paramedic from the Deltona Fire Department. Although all practical measures will be taken to protect me from harm, I understand that there is an inherent danger with any emergency services profession. I will participate in non-emergency duties related to the Firefighter/Paramedic profession. I further understand that I will be a passenger in an emergency vehicle and will respond to emergency incidents. I **Will NOT** participate in firefighting or firefighting related duties; however I may participate to a limited extent in the care of sick and/or injured persons and in the performance of Emergency Medical Technician or Paramedic related duties up to the level and scope of my training.

I hereby hold the City of Deltona, Deltona Fire Department, its Agents and/or Employees harmless for any illness or injury to me which may arise out of this student internship.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
(Signature) / Date

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Printed Name

Before me appeared \_\_\_\_\_ who produced the following identification  
\_\_\_\_\_ or is personally known to me \_\_\_\_ this \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_ in \_\_\_\_\_ County, Florida. My commission expires: \_\_\_\_\_

(Notary Seal)