

# HENDRICKS REGIONAL HEALTH EMT Program

## REFERENCE FOR APPLICANT TO EMT TRAINING PROGRAM

Applicant's Name:	First	Middle	Last
-------------------	-------	--------	------

You Must provide one reference from each of the following categories

1. Personal reference (not related)
2. Present or last employer

Name of Reference who is recommending you to participate in the EMT Program

Name			
Address			
City	State	Zip	County
Telephone (Business)		Telephone (Home)	
Reference's Title / Position			
Signature		Date	

To the Respondent:

We are particularly interested in your assessment of the applicant's ability to follow orders reliably; maturity of judgement; the applicant's attitude; motivation and dependability; and his/ her potential as a future EMT. Also identification of any area in which the applicant needs to concentrate for continuing development will be of assistance. A brief letter of explanation regarding your response is requested. You may use the back of this form, if you wish. When this form has been completed, it is to be mailed directly to:

EMS Education Program Director  
Hendricks Regional Health  
1000 E Main Street  
Danville, IN 46122

Please check:

- Highly recommend   
  Recommend   
  Recommend with Reservation   
  Not Recommend

If you have any questions, please call 317-745-3559