



BEAUFORT COUNTY COMMUNITY COLLEGE
 DIVISION OF CONTINUING EDUCATION
EMS Class Signature Roster

Class Name: _____

Section #: _____

Class Date: _____

Instructor Name: _____

Student Confirmation/Attestation Statement: "My signature below attests that I am actively affiliated with the public safety agency listed and that I hold the job classification indicated."

Affiliated Agency *Agency abbreviation must match key on the bottom of this form.*	Job Classification Please check	First, Middle & Last Name (Print)	Last 4 SSN	NC OEMS P#	Signature *Verifies student confirmation/attestation statement above*	Daytime/Cell Number	Date
	<input type="checkbox"/> EMS Responder-(Vol) <input type="checkbox"/> EMS Responder (Co/St/Mun)	1					
	<input type="checkbox"/> EMS Responder-(Vol) <input type="checkbox"/> EMS Responder (Co/St/Mun)	2					
	<input type="checkbox"/> EMS Responder-(Vol) <input type="checkbox"/> EMS Responder (Co/St/Mun)	3					
	<input type="checkbox"/> EMS Responder-(Vol) <input type="checkbox"/> EMS Responder (Co/St/Mun)	4					
	<input type="checkbox"/> EMS Responder-(Vol) <input type="checkbox"/> EMS Responder (Co/St/Mun)	5					
	<input type="checkbox"/> EMS Responder-(Vol) <input type="checkbox"/> EMS Responder (Co/St/Mun)	6					
	<input type="checkbox"/> EMS Responder-(Vol) <input type="checkbox"/> EMS Responder (Co/St/Mun)	7					
	<input type="checkbox"/> EMS Responder-(Vol) <input type="checkbox"/> EMS Responder (Co/St/Mun)	8					
	<input type="checkbox"/> EMS Responder-(Vol) <input type="checkbox"/> EMS Responder (Co/St/Mun)	9					
	<input type="checkbox"/> EMS Responder-(Vol) <input type="checkbox"/> EMS Responder (Co/St/Mun)	10					
	<input type="checkbox"/> EMS Responder-(Vol) <input type="checkbox"/> EMS Responder (Co/St/Mun)	11					
	<input type="checkbox"/> EMS Responder-(Vol) <input type="checkbox"/> EMS Responder (Co/St/Mun)	12					
	<input type="checkbox"/> EMS Responder-(Vol) <input type="checkbox"/> EMS Responder (Co/St/Mun)	13					
	<input type="checkbox"/> EMS Responder-(Vol) <input type="checkbox"/> EMS Responder (Co/St/Mun)	14					
	<input type="checkbox"/> EMS Responder-(Vol) <input type="checkbox"/> EMS Responder (Co/St/Mun)	15					

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|---------------------------|---------------------------|----------------------------|-------------------------|-------------------------------|----------------------------------|
| AUR: Aurora VFD | BUN: Bunyan VFD | HCEM: Hyde County EMS | PAMB: Pamlico Beach VFD | ROPE: Roper VFD | WASH: Washington Fire Rescue EMS |
| BATH: Bath VFD | CHOC: Chocowinity VFD/EMS | HFOR: Hyde County Forestry | PANT: Pantego VFD | SCRA: Scranton VFD | WCEM: Washington/Tyrrell Co. EMS |
| BCEM: Beaufort County EMS | CLNK: Clarks Neck VFD | LAKE: Lake Phelps VFD | PINE: Pinetown VFD | SID: Sidney VFD | OOOO: Other _____ |
| BELH: Belhaven VFD | CRES: Creswell VFD | MID: Mid-County VFD | PLYM: Plymouth VFD | SWAN: Swanquarter VFD | |
| BLFD: Blounts Creek VFD | ENGL: Engelhard VFD | OCFD: Ocracoke VFD | PONZ: Ponzer VFD | TYRR: Tyrrell Fire Department | |
| BRCEMS: Broad Creek EMS | FAIR: Fairfield VFD | OLDF: Old Ford VFD | PUNG: Pungo River VFD | | |