RICHARD PETERSON EMT ENDOWMENT FUND

EMERGENCY MEDICAL RESPONDER / E M T AGREEMENT

Application for Education / Training Cost Reimbursement

Please check → **Serve in**: ___ Scales Mound Fire Protection District ___ Galena Area EMS District
___ Menominee - Dunleith (serving in Galena Area EMS District)

Please check → ___ Emergency Medical Responder ___ EMT-Basic ___ EMT-Paramedic

If not **serving** in those Districts or if you have questions, please contact Pete Stryker at 1-815-777-4123 or e-mail peterastryker@hotmail.com

PLEASE PRINT

_____

NAME: Last First Middle

_____

Street Address City / Town / Village / Municipality Zip Code

_____ _____

Phone Number e-mail Address

Institution Offering Training or Course(s)

_____

NAME of Institution City State

List ↓ of Expenses Incurred or Anticipated

(when/if "District" is paid, G = Galena; SM = Scales Mound; MD = Menominee-Dunleith → please circle ↓ below)

Tuition	$_____	Pay $_____ to Applicant	Pay $_____ to G or SM or MD
Book(s)	$_____	Pay $_____ to Applicant	Pay $_____ to G or SM or MD
Jump Bag	$_____	Pay $_____ to Applicant	Pay $_____ to G or SM or MD
Mileage*	$_____	Pay $_____ to Applicant	Pay $_____ to G or SM or MD
Total	$_____	Pay $_____ to Applicant	Pay $_____ to G or SM or MD

* For mileage, list dates and round trip miles **on separate form** and enclose with this Agreement / Application. EMT Endowment Fund mileage reimbursement is at **14¢ per mile** "not to exceed $2,000" per level of training.

AGREEMENT

I pledge that, upon completing my education / training, I agree to service for a period of two years from the time that funds are received. If that commitment is not fulfilled, a pro-rated payback shall be made.

_____ _____ / 20_____

Signature of Applicant Month and Date Year

Application submission reviewed and approved by

_____ or _____ or _____

William L. Bingham, EMS Coordinator	Carl Winter, Chief	Ron Data, EMS Coordinator
Galena EMS District	Scales Mound Fire Protection District	Menominee-Dunleith Fire Department

On completion of training, send the Agreement/Application form, Mileage Reimbursement form (if applicable), and a copy of the IL Dept of Public Health Certification:

Mail: GTF (The Galena Territory Foundation), 2000 Territory Drive, Galena IL 61036 **OR**

Fax: (815) 777 - 9194 (The Galena Territory Association Office) **OR**

Scan / e-mail: gtaadmin@thegalenaterritory.com

All Applications will be reviewed by the Richard Peterson EMT Endowment Fund Committee. Because our funding is gift-based, the amount of financial assistance awarded is subject to availability of funds.

OVERSIGHT OF THE RICHARD PETERSON EMT ENDOWMENT FUND IS PROVIDED BY
THE GALENA TERRITORY FOUNDATION, INC.
A 501(C)(3) NOT–FOR–PROFIT CHARITABLE ORGANIZATION THAT PROVIDES
EDUCATION–BASED AND FUNDRAISING ACTIVITIES FOR THE BENEFIT OF THE LOCAL COMMUNITY.