



Appendix 11-C
First Responders Information Form

Name:		SSN:	
Division/Dept.:		Job Title:	
1. First Aid Certification Expiration Date: _____ County/State of Issue: _____			
2. Cardiopulmonary Resuscitation Certification Certificate Number: _____ Expiration Date: _____ Agency Issuing Certificate: _____			
3. Emergency Medical Technician Certification Certification Number: _____ Certificate Date: _____ Expiration Date: _____ County/State of Issue: _____			
<p>As a volunteer First Responder, I understand that I may be exposed to blood or Bloodborne Pathogens during the course of providing immediate first aid assistance to others. I have received a copy of the Bloodborne Pathogen Exposure Control Program. I have had an opportunity to review the Exposure Control Program, and I am familiar with all provisions to reduce my risk of exposure to blood and Bloodborne Pathogens outlined in the Exposure Control Program.</p> <p>I understand that my role as a First Responder is voluntary and that I will receive no monetary or other material compensation for my services as a First Responder. I understand that I may withdraw my consent to act as a designated First Responder at any time.</p>			
Signature:		Date:	