

CAROLINE COUNTY FIRE RESCUE
Ambulance Driver Operator Release Form

Name _____ Station _____
Recommending Mentor _____

Title Name Signature Date

Certification and Skills Validation			
Total Points Earned _____	Accident Reporting _____		
Map Testing _____	EVOC is Current _____		
Driver's License is in Date _____			

District/Battalion Supervisors Approval for release:			
_____	_____	_____	_____
Title	Name	Signature	Date

Training and Compliance Validation			
_____	_____	_____	_____
Title	Name	Signature	Date

Entered Into Rescue Bridge:	
Date _____	Initials _____

Placed In Training File:	
Date _____	Initials _____