



# Emergency Medical Responder – Program Application 2025 – 2026

## Please return to Mr. Munro

Student Name: \_\_\_\_\_ Grade next year: \_\_\_\_\_  
 Student Email: \_\_\_\_\_ Student Phone Number: \_\_\_\_\_

Application for admission into the EMR program at Chilliwack Secondary for the next school year must be submitted **before SPRING BREAK**. There is a high level of expectation for this program that requires strong work ethic and good attendance record. There are limited seats available, be sure to complete the application fully, and to the best of your ability.

**Recommended Prerequisites include:**

- Enrolled in Grade 12 (Grade 11 may be acceptable if other prerequisites are met – must be 16 years of age)
- Students have either Standard First Aid, Intermediate first Aid and/or have a strong and demonstrated interest in a health care profession.
- Minimum GPA of 2.5 (C+) and recommended prerequisite of Biology 12 (or taken at the same time)
- Students must take Health Services 11 and Health Services 12
- There is a course fee of \$380 (This fee supports the certificate exam process)

1. Please describe any related experience you may have. (First aid courses, work experience, demonstrated interest in the area.)

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2. Confidential Health Declaration – The EMR program is at times both mentally and physically demanding. You will frequently be kneeling for long periods of real-life lifting patients. You may also be exposed to simulator and real life emergency situations. With this in mind, please answer honestly.

Do you have issues that may affect your success in the course? (ex: mental health, physical health, learning difficulty, etc.)

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3. Please list two references (at least one must be a teacher) that can speak to your attendance, punctuality, work ethic, motivation, and interpersonal skills. Please also list their contact information if they are not a current Chilliwack Secondary Staff member.

Reference 1 \_\_\_\_\_  
 Reference 2 \_\_\_\_\_



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4. Please write a short paragraph or two explaining why you want to be in the EMR program.

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_