



VOLUNTEER RESCUE STUDENT  
TUITION REIMBURSEMENT PROGRAM AGREEMENT

**To be Completed by the Student:**

I, (print name) \_\_\_\_\_, (hereinafter referred to as I, me, or student) taking into account the significant expenditure of state funds allocated for tuition reimbursement through the creation of the Volunteer Rescue Student Tuition Reimbursement Program by Act 2018-524 and appropriations issued from the Education Trust Fund by the Alabama State Legislature to become a licensed Emergency Medical Services Personnel (EMSP), do hereby promise to serve as a volunteer EMSP for a volunteer rescue squad or volunteer fire department in the State of Alabama for a period of not less than three consecutive years upon completion of the approved course of instruction, proof of passing the certification exam, and production of a valid EMSP license for the certification level for which reimbursement is sought from the Alabama Department of Public Health. Proof of serv1 14460 sement is s6Bq0

2. ONSET OF A PHYSICAL OR PSYCHOLOGICAL CONDITION AFTER  
COMPLETION OF THE EDUCATIONAL COMPONENT OF THE PROGRAM BUT



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educational institution in which I was enrolled will notify the Alabama Community College System accordingly.

It is understood that there is no entitlement to any state merit system benefits to anyone working under this Agreement.

I have attained the age of 19 being born on (mm/dd/yyyy): \_\_\_\_\_.

Student signature: \_\_\_\_\_

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

**To be completed by Student:**

Remit to:

(If this is not completed by Student, reimbursements cannot be provided):

Full name (PRINT): \_\_\_\_\_

Mailing Address (PRINT): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email\* (PRINT): \_\_\_\_\_

*\*email provides an avenue for ACCS to contact participants for information/communication regarding reimbursement*

**To be completed by EMS Education Program:**

The student is enrolled in the EMT, Advanced EMT, and/or Paramedic certification program at the following institution:

Student College Identification Number: \_\_\_\_\_

Name of Institution (PRINT): \_\_\_\_\_

EMS Program Director (PRINT): \_\_\_\_\_

EMS Program Director Phone Number: \_\_\_\_\_