



1350 South Hickory Street

Melbourne, Florida 32901

## First Flight Observer Program Application

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Shift: \_\_\_\_\_ Weight: \_\_\_\_\_

Medical Restrictions: \_\_\_\_\_

Email address: \_\_\_\_\_ (please print clearly)

### Supervisor Statement

\_\_\_\_\_ has expressed interest in participating in the "Flight Observation Program" at Holmes Regional Medical Center/First Flight. He/She will observe the operations of First Flight and not participate in direct patient care. He/She is currently employed with our agency under my supervision. Current inservice/continuing education with reference to body substance isolation and infection control precautions is on file.

Supervisor/Manager: (print) \_\_\_\_\_

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

**Please fax completed applications to First Flight at: 1-321-751-6037**