

Please return the Montville Township First Aid Squad

MONTVILLE TOWNSHIP FIRST AID SQUAD CADET APPLICATION

CADET INFORMATION

Last Name:		First Name:		Middle Initial:
Date of birth:	SSN:	Current Academic Grade Level:		
Cell Phone:		Home Phone:		
E-mail:				
Preferred method of contact - check one: Cell <input type="checkbox"/> Home <input type="checkbox"/> E-mail <input type="checkbox"/>				
Current address:				
City:	State:	ZIP Code:		
Previous address (if at current for less than 5 years):				
City:	State:	ZIP Code:		
Drivers Lic.#:		State:	Expires:	

REFERENCES

Please provide 2 adult references other than family members:

Name:		How long known?
Phone:	Relationship:	
E-mail:		
Name:		How long known?
Phone:	Relationship:	
E-mail:		

CERTIFICATIONS

Do have any certifications relating to EMS? (CPR/First Responder/EMT/Medic, etc.)
Please list them below and **provide copies with this application.**

1.	Expires:
2.	Expires:
3.	Expires:
4.	Expires:

AVAILABILITY

Are you available to serve during afternoons , evenings , weekends , or all?

When are you available to start training?	Date:
Do you currently attend classes at Montville Township High School? Yes <input type="checkbox"/> , No <input type="checkbox"/>	
If no., where do you attend classes?	

EXTRACURRICULARS

Please list your extracurricular activities, broken down by season. This can include sports, school clubs, community clubs, etc. Please also include the approximate hours per week for all activities?

Fall	Day	Time
Winter	Day	Time
Spring	Day	Time
Summer	Day	Time

Personal Statement

Please tell us why you would like to join the cadet program at MTFAS. We have many applicants, and unfortunately we do not always have enough spots for everyone.

SIGNATURE

If accepted, I agree to abide by the Constitution, By-Laws and Rules and Regulations of the squad for active membership. I understand that I must meet and maintain the educational standards required by the squad. I agree not to engage in any legal suit against the Montville Township First Aid Squad, Inc.(MTFAS) other than for personal physical injury sustained in the course of duty.

I do solemnly swear and/or affirm that I, the undersigned, have completed this application for membership and that I shall live up to the purpose, ideals and traditions of the MTFAS and that I shall abide by the Constitution, By-Laws and Regulations of the Squad at the present and as amended from time to time.

Signature of Applicant:	Date:
Signature of Parent/Guardian:	Date: