



JAMESBURG FIRST AID SQUAD

"Helping Neighbors, Saving Lives" since 1937

APPLICATION FOR CADET MEMBERSHIP

Please attach copies of all certifications including:
EMT, CPR, Driver's License, HazMat, First Responder



Name: _____

Gender: _____ Age: _____ Date of Birth: ____ / ____ / ____

Address: _____ City: _____ State: ____ Zip: _____

Home: (____) - ____ - ____ Cell: (____) - ____ - ____ Email: _____

Parent/Guardian: _____ Relationship: _____

Address: _____ City: _____ State: ____ Zip: _____

Home: (____) - ____ - ____ Cell: (____) - ____ - ____ Email: _____

Education: High School _____ Year graduated: _____

Current Occupation: _____ Dates of Employment: _____

Supervisor/Employer: _____ Phone: (____) - ____ - ____

Please list any current EMS related certifications you possess: *Please attach a copy*

Driver License: _____ - _____ - _____ State: _____ *Please attach a copy*

Has your license ever been suspended or revoked? (YES/NO)

If YES, Please explain _____

Have you ever been convicted of a crime? (YES/NO)

If YES, Please explain _____

Do you have any pending charges? (YES/NO)

IF YES, Please explain _____

How long have you resided at your current address? _____

If less than 5 years, where did you previous live? _____

Do you have any disabilities or pre-existing medical conditions that would prohibit you from performing the work necessary to be an EMT? (YES/NO)

If YES, please explain _____

What is your availability to respond to emergency calls? **Please check all that apply**

Cadet Crews (7:00pm to 10:00pm): Sun Mon Tues Wed Thurs Fri Sat

Have you ever been a member of an Emergency Service Agency? (List more on separate sheet)

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1) Agency: _____ Type: EMS Fire Police Other _____

Dates of Membership: _____ Position(s) Held: _____

Reasons for leaving: _____

2) Agency: _____ Type: EMS Fire Police Other _____

Dates of Membership: _____ Position(s) Held: _____

Reasons for leaving: _____

References: Please provide **THREE** references. **Only ONE** can be **RELATIVES or SQUAD MEMBERS!**

1) Name: _____ Relationship: _____

Phone: (____) - ____ - ____ Email: _____

2) Name: _____ Relationship: _____

Phone: (____) - ____ - ____ Email: _____

3) Name: _____ Relationship: _____

Phone: (____) - ____ - ____ Email: _____

In consideration of my membership,

1. I agree to abide by the By-Laws, Cadet Rules and Regulations, Standard Operating Guidelines, Chief's Rules and written directives of JFAS.
2. I authorize investigation of all facts and statements in this application. I understand that misrepresentation or omitting of pertinent information is cause for rejection of this application and dismissal from the squad.
3. I understand that if I am accepted as probationary member and do not complete the probationary period (by resignation, abandonment, or removal for cause), all expenses incurred by the JFAS must be reimbursed in full **within 45 days of separation**.
4. I agree to maintain all equipment issued by JFAS to the best of my ability. I promise to return all JFAS equipment **immediately** upon request of an administrative and/or line officer or upon the conclusion of my membership from JFAS.
5. I understand that I am required to maintain at least a C average in all my courses.

Signature of Applicant: _____ Date: ____/____/____

Signature of Parent/Guardian: _____ Date: ____/____/____

PLEASE NOTE: Applications will not be considered if they are not completely filled out. All information is CONFIDENTIAL!

***** DO NOT WRITE BELOW THIS LINE *****

Submitted: ____/____/____ Interview: ____/____/____ Accepted/Rejected: ____/____/____

Probation: Start ____/____/____ Length _____ Months Completion ____/____/____

Signatures: _____, _____ Date ____/____/____

(Membership Chair) (President)

_____, _____ Date ____/____/____

(Secretary) (Cadet Advisor)