



CADET MEMBERSHIP APPLICATION

Fill out the form, sign it, have one parent sign it, then deliver it to the Personnel Vice President, Missy Cotter. You can drop it off at the Squad building at 45 Spring Street. Call ahead to 973-373-1131 to ensure that someone is there.

Name: _____ Preferred nickname: _____

Address: _____

Previous address (last 10 yrs.): _____

Previous address (last 10 yrs.): _____

Home phone: _____ Cell phone: _____

Cellular provider (e.g., Verizon): _____

High school: _____ Grade level: _____

E-mail: _____

Birth date: _____ Years of Chatham residency: _____

Current employer: _____ Work phone: _____

Position: _____

Are you a member of any other local emergency service (fire, police, emergency squad, MICU)? Yes No

If yes, what organization? _____ Yrs of service: _____

Do you have any previous first-aid training? Yes No

If yes, what type of training? _____ Training dates: _____

Valid NJ drivers license? Yes No License #: _____

Expiration: _____ Accidents in past 3 years? Yes No

Do you have any active points against your license? Yes No

Has your license ever been suspended? Yes No If so, for what? _____

Have you been arrested? Yes No If so, explain: _____

Past or present medical/physical problems (hearing, vision, back, diabetes, hypertension, seizures): _____

Hobbies, special interests, skills: _____

Foreign-language fluency: _____

Emergency contact: _____

Relationship: _____ Phone: _____

Please provide us with two references not related to you:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

From whom or where did you learn about the Squad?

Why do you wish to join the Squad?

Comments:

APPLICANT'S DECLARATION

If I am accepted for membership, I agree to comply with all bylaws and standing rules of the Chatham Emergency Squad. I am aware that certain physical demands (including but not limited to lifting and carrying) will be made of me, and I attest to my ability to fulfill such demands.

I authorize the Chatham Emergency Squad to conduct driving-record checks and background checks before acceptance to membership and at any time while I am a member.

I certify that all answers provided herein are true to the best of my knowledge. I also understand that any deliberate misstatement on this application is sufficient cause for rejection or dismissal.

Applicant: _____
(signed)

Date: _____

(print name)

Parent: _____
(signed)

Date: _____

(print name)