

MONTVILLE TOWNSHIP FIRST AID SQUAD CADET PROGRAM APPLICATION

APPLICANT 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.# (if applicable):			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:

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 HS?

If not, where do you currently attend school? _____

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:

