

Colts Neck First Aid Squad, Inc.

CADET Membership Application

Name					
Address					
City		State		Zip Code	
Home Phone				Mobile Phone	
Email				Date Of Birth	

Drivers License <i>if applicable</i>			
State		Expiration Date	
Number		Points	

Times Available For First Aid Duties			
Have You Ever Been Convicted Of A Crime?	No	Yes	If Yes, please explain:

First Aid Training	Expiration Date	Identification #
CPR	No Yes	
First Responder	No Yes	
EMT	No A B I	
Other, Describe:		

I certify that the information I provided in this application is true and complete. I understand that providing false or incomplete information to the Squad could result in refusal of membership or dismissal from the Squad. I understand that the Squad may obtain information about my character, general reputation, and responsibility in order to evaluate me for prospective membership. I hereby authorize the Squad to make inquiries of references or other associates, and to verify my DMV record at any time.

Signature		Date	
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Please attach two (2) letters of recommendation from persons other than Squad members or relatives. Also please attach copies of all First Aid training certifications noted above.

Report of the Cadet Membership Committee

Cadet Membership Committee Recommendation			
Accept	Deny	Chair Signature	Date

Cadet Membership Application Status			
Accept	Deny	Mentor	Squad ID
Advisor's Signature		Date	

Equipment Assigned		
Item	Serial Number	Condition