



HIGHTSTOWN FIRST AID SQUAD INC.



168 Bank Street
Hightstown, New Jersey, 08520
(609) 426-1512

"Serving and Protecting since 1935"

Cadet Membership at Hightstown First Aid Squad Inc. Parental Consent Form:

The Hightstown First Aid Squad accepts applicants for Cadet Membership only with the permission of the applicant's parents/ legal guardians. Parents/legal guardians should understand that the Hightstown First Aid Squad has strict regulations governing members. We will discuss these regulations when you meet with our Cadet Advisors/Line Staff. Cadet members are required to complete additional training programs after being admitted to membership. Cadet members perform limited duties which relate to their age and the amount of training completed. The squad Cadet Advisors/Line Staff will be happy to answer any questions you may have about membership.

I, _____ hereby make application for Cadet Membership, and if accepted, agree to abide by the Constitution and By-Laws of the Hightstown First Aid Squad Inc. I understand that falsification of any fact on this application is just cause for immediate dismissal. I understand that I will be screened by the squad's Membership Committee/ Line Staff.

Date: _____ Cadet's Signature: _____

I grant permission for my son/daughter to apply for Cadet Membership in the Hightstown First Aid Squad. I understand that my son/daughter will be screened by the squad's Membership Committee/Line Staff.

Date: _____ Parent's Signature: _____

In case of an emergency, please notify:

Name: _____ Relation: _____

Address: _____

Home Phone No. _____ Cellphone No. _____

Work Phone No. _____ Email Address: _____



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Membership applying for (circle one): Cadet / Cadet EMT

Full Name: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: ____ - ____ - ____ Driver's License# _____

Is/ has your Driver's License ever been suspended? YES or NO. If yes, explain:

Do you have any special endorsements on your Driver's License?
Bus _____ Articulated _____ Heavy Equipment _____ Other _____

Have you ever been convicted of a crime? YES or NO. If yes, state circumstances:

Phone number where you can be reached:
Day _____ Night _____

Weekends _____ Email _____

Place of employment: _____

Address: _____

Length of time employed with company: _____

Normal work schedule: _____

Job description: _____

List three references (*Non Family Members*); known for at least one year:

Name: _____ Phone # _____
Address: _____

Name: _____ Phone # _____



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Address: _____

Name: _____ Phone # _____

Address: _____

Parent or Guardian contact information:

Name: _____ Relation: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Email address: _____

Address: _____

Emergency Contact (outside of parent/guardian) information:

Name: _____ Relation: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Email address: _____

Address: _____

Are you an American Citizen? YES or NO

Are you bi/multilingual? YES or NO

If yes, please specify: _____

Are you currently or have you been a member of another First Aid Squad: YES or NO

If yes, where? _____ When? _____

Superior officers name: _____

Telephone #: _____

Reason for leaving? _____

Do you have any allergies or medical issues? (Such as: Diabetes, Asthma, Epilepsy, Allergies to latex or adhesive) YES or NO

If yes, please specify:



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If yes, are you on any medications for these issues? YES or NO

If yes, please specify:

Do you wear glasses or contact lenses? YES or NO

If yes, please specify:

List any hobbies or interests you have, Boating, fishing, swimming, sports, ect....

Favorite subject in school? _____

List all extra-curricular activities you are involved in:

Is there any information that is not included on this application that you feel we should know about you before we investigate your application?



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As a member of the Hightstown First Aid Squad you will be expected to participate in all functions, and/ or events including fund raisers. I certify that all of the information given on this application is true to the best of my knowledge and is given voluntarily, any deliberate falsification can and will result in rejection of the application and or dismissal.

Signature: _____

Date: _____

Signature of Parent or Legal Guardian if applicant is under age of 18

NOTE: Applications received will be reviewed by the membership committee and an attempt to interview the applicant at a mutually convenient time will be made to act upon the application. If the application is in order and the physical form is filled out correctly, the application will be evaluated by the Membership Committee.

Note to Cadet Member Applicants: Cadet Members must fill out additional forms. A parent or legal guardian MUST BE present during Junior Applicant Interview.

(Do not write below this line)

Date received application and physical form: _____

Date Interviewed: _____

Date accepted as probationary member – regular member accepted: _____

Date terminated or resignation: _____

Reason for termination or resignation:

The members of the Hightstown First Aid Squad take pride in serving our community, we hope you do too!