



HIGHTSTOWN FIRST AID SQUAD INC.



168 Bank Street
Hightstown, New Jersey, 08520
(609) 426-1512
“Serving and Protecting since 1935”

PARENT/ GUARDIAN CONSENT FORM

The Hightstown First Aid Squad accepts applications for cadet membership only with the permission of the applicant’s parent/ legal guardian, for applicants 16 or older.. Parents/ legal guardians should understand that cadet members are required to complete additional training after acceptance, and will perform limited duties related to age. Cadet rules and regulations will be discussed during the interview or acceptance with our cadet advisors. Prospective cadet members are expected to complete and submit their own application. Applications submitted by parents/ guardians will not be reviewed.

I grant permission for my son/ daughter/ child to apply for cadet membership in the Hightstown First Aid Squad. I understand that my child and I will be screened by the squads membership committee and line staff. Our cadet advisors and line staff are happy to answer any questions you might have about membership as a cadet. I understand that if I want to reach the cadet advisors and/ or membership committee, I can email membership@hightstownfirstaid.org . I understand that signing below indicates I have read and will be compliant with what is stated above.

Parent/ Guardian Name: _____
Parent/ Guardian Signature: _____
Parent/ Guardian Date Signed: _____

Applicant Name: _____
Applicant Signature: _____
Applicant Date Signed: _____



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

Home Address (Include city, state, and zip code):

Social Security #: ____ - ____ - ____

Phone Number: _____ Email: _____

Driver's License # (if applicable) : _____

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

Place of employment (if applicable): _____

Address: _____

Length of time employed with company: _____

Normal work schedule: _____

Brief Job description: _____

Where do you currently attend school? _____

What year are you expecting to graduate? _____

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

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____

Parent or Guardian name:: _____ Relation: _____

Phone # (primary and alternate): _____ Email: _____

Address: _____



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Emergency Contact (outside of parent/ guardian and outside of listed household)

Emergency Contact Name: _____ Relation: _____

Phone Number: _____

Address: _____

Are you an American Citizen? Circle YES or NO.

Do you consent to allowing Hightstown First Aid Squad to perform a background and/or driver's license check? Circle YES or NO.

Are you currently a member or have you been a member of another first aid squad? Circle YES or NO.

If YES, state where, when and reason for leaving:

Do you have an EMT certification, or related healthcare certifications (CPR/ AED, etc.).

Have you ever been convicted of a crime? (Felony and misdemeanor convictions). Circle YES or NO.

If yes, explain circumstances:

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



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In a short paragraph, explain why you wish to become a cadet member of the Hightstown First Aid Squad and what you can do for the company and our community. If more space is needed please attach an additional sheet:

Please attach a current resume to the application. (Optional)



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I certify that all of the information given on this cadet membership 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. As a cadet member of the Hightstown First Aid Squad, I understand that I will be expected to participate in all functions and events. I understand that I must arrive at drills, assigned duty crews, or meetings at least 10 minutes BEFORE start time. I also understand that for the interview, a parent or guardian MUST be present with the applicant.

Print Name: _____

Signature: _____

Date Signed: _____

Parent/ Legal Guardian Print Name: _____

Signature of Parent or Legal Guardian: _____

Date Signed: _____

(Do not write below this line.)

Date received application: _____

Date received physical form: _____

Date interviewed: _____

Date accepted (as probationary): _____

Date of regular member status: _____

Date terminated or resignation: _____

Reason for termination or resignation:
