



South River Rescue Squad
 6 Thomas Street, South River, New Jersey 08882
 Phone: (732) 254-6626 Fax: (732) 613-9095
 Web: <http://www.southriverrescue.org>
 EMERGENCY MEDICAL SERVICES • SPECIAL OPERATIONS • ICE/WATER RESCUES • AUTO EXTRICATIONS

Cadet Membership Application

PAST EXPERIENCE

Were you ever a member of the South River Rescue Squad? YES / NO If yes, please explain why you left.

Are you, or were you, associated with another First Aid/Rescue Squad? YES / NO If yes, what Squads (name, town/state, phone)

Are you currently suspended from any First Aid/Rescue Squad? YES / NO If yes, please explain why.

Do you currently hold any of the following certifications? Check all that apply and provide expiration dates (mm-dd-yyyy)

_____ EMT-B	Exp. Date _____	_____ Paramedic	Exp. Date _____
_____ CPR (Level: _____)	_____	_____ First Aid	_____
_____ Defensive Driving	_____	_____ HAZMAT (Level: _____)	_____
_____ None	N/A	_____ Other (_____)	_____

SUMMARY

Why do you wish to join the South River Rescue Squad?

REQUIRED DOCUMENTATION

Please provide copies of the following documents when you submit this application:

_____ Driver's License	_____ Social Security Card	_____ Report Card
_____ Birth Certificate	_____ All EMS/Rescue/HAZMAT Certifications	

DISCLAIMER AND SIGNATURE

I HEREBY APPLY FOR MEMBERSHIP TO THE SOUTH RIVER RESCUE SQUAD AND SWEAR THAT ALL OF THE INFORMATION IN AND ATTACHED TO THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION GIVEN IN THIS APPLICATION WILL RESULT IN MY IMMEDIATE DISMISSAL FROM THE SOUTH RIVER RESCUE SQUAD. I AUTHORIZE THE SOUTH RIVER RESCUE SQUAD TO PERFORM ANY INVESTIGATION NECESSARY TO FURTHERING THE ACCEPTANCE OF THIS APPLICATION. I AGREE TO ABIDE BY THE CONSTITUTION AND BY-LAWS OF THE SOUTH RIVER RESCUE SQUAD.

_____	_____
Signature	Date
_____	_____
Parent/Guardian Signature	Date