



CADET MEMBERSHIP APPLICATION

Fill out the form online, print it out, sign it, and have one parent sign it.

Attach a resume.

Email to Cadet Manager Steve Davenport using the email address cadetmgr@chathamemergencysquad.org.

Applicant must be a high-school sophomore and be sixteen years of age before July 1, 2024.

Name:

Preferred nickname:

Address:

Home phone:

Cell phone:

Cellular provider (e.g., Verizon):

Smartphone:

Android

iPhone

Email:

High school:

Grade level:

Birth date:

Previous CPR / first-aid training?

Yes

No

If yes, what type of training?

Hobbies, special interests, skills:

Extracurricular / sports activities:

Language skills:

Parents / guardians:

Name:

Phone:

Name:

Phone:

Please provide us with two references not related to you:

Name:

Phone:

Relationship:

Email:

Name:

Phone:

Relationship:

Email:

From whom or where did you learn about the Squad?

Why do you wish to join the Squad?

A RESUME MUST BE SUBMITTED WITH THIS APPLICATION

APPLICANT'S DECLARATION

I certify that all answers provided herein are true to the best of my knowledge. I also understand that any deliberate misstatement on this application is sufficient cause for rejection or dismissal.

Applicant: _____
(signed)

Date: _____

(print name)

Parent: _____
(signed)

Date: _____

(print name)

Attachment: Resume