

**Closter Volunteer Ambulance and Rescue corps, Inc.**

*Serving Closter & Alpine since 1936*

Cadet Application

Name \_\_\_\_\_ S.S.# \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Birth date \_\_\_\_\_

Do you live in Closter or Alpine \_\_\_\_\_ If yes , how long ? \_\_\_\_\_

If no, what neighboring town to Closter do you live in ? \_\_\_\_\_ How long? \_\_\_\_\_

Have you, or do you belong to an ambulance corps? (If so give details)

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had any first aid training? (If so, give name of courses, where taken, and expiration dates of certification cards)

\_\_\_\_\_

What schools have you or are currently attending? Include technical schools if applicable.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

During what hours of the day and what days of the week would you be available for ambulance duty and Corps activities?

If accepted to membership under this application, I agree to comply with all orders, rules and regulations of the Corps. The answers to the above are true to the best of my knowledge and belief and I understand that any false statement on this application is sufficient cause for rejection or dismissal.

Signature \_\_\_\_\_

Parent / Guardian signature \_\_\_\_\_

Date application is requested \_\_\_\_\_

Date applicant met with membership committee \_\_\_\_\_

Signature of Committee representative \_\_\_\_\_

Date applicant admitted to Corps. \_\_\_\_\_

72 Ruckman Road , Closter, New Jersey 07624