

# Morgan County Ambulance Service

## Cadet Program Application

(Please attach cover letter explaining why you're interested in the Cadet Program)

Name\_\_\_\_\_Date\_\_\_\_\_

Date of Birth\_\_\_\_\_

Current Immunizations\_\_\_Yes \_\_\_No

Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_\_

Email\_\_\_\_\_

Cell Phone\_\_\_\_\_Home Phone\_\_\_\_\_

### **Education:**

School\_\_\_\_\_Grade\_\_\_\_\_

### **Emergency Contacts:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Relation \_\_\_\_\_

Relation \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

City\_\_\_\_\_City \_\_\_\_\_

I hereby affirm that the information provided above is accurate. I give permission to Morgan County Ambulance Service to conduct a criminal background investigation if necessary. I give consent for the information provided above as well as any other personal information that I disclose to Morgan County Ambulance to be used for such an investigation.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Signature of Parent/Guardian(If Minor)