



**JOHNSTON COUNTY EMS CADET PROGRAM
MEMBERSHIP APPLICATION**

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Date of Birth: _____ AGE: _____ SSN: _____

Driver's License #: _____ Driver's License State Issued: _____

Parent/Guardians' Name(s): _____

Emergency Contacts:

Name	Relationship	Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

References (Please do not include relatives):

Name	Address	Number
_____	_____	_____
_____	_____	_____

Medical History (list any Medical Conditions you have):

JOHNSTON COUNTY EMERGENCY SERVICES



Kevin Hubbard,
Emergency Services Director

120 S. Third Street | PO Box 530 | Smithfield, NC 27577

Main Office Phone: (919) 989-5050 | Fax: (919) 989-5052

Allergies (drug or environmental):

Primary Physician: _____ Phone: _____

High School:

Name: _____ Phone Number: _____

Grade: _____

What programs/activities are you involved in currently?

List any special training or skills you may have.

Why do you want to be a Cadet with Johnston County EMS and what are your future occupational goals?

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Additional Information:

Applicant Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

Please include a copy of a recent criminal background check, driver's license check, immunization records, and a high school sports physical with your completed application.