

Summit Volunteer First Aid Squad Application for Junior Program

Visit us on the web: www.summitems.org/join/junior-program

Thank you for your interest in joining our Junior Program. Please remember, this program is for high school students who live in Summit and will turn 16 years of age by October 31st, 2023. Once you complete the application, you may submit it in three ways:

- 1) Scan and Email form to personnel@summitems.org
- 2) Mail to PO Box 234, NJ 07902-0234
- 3) Hand Deliver to 1000 Summit Ave, Summit

All applications are due March 15th, 2023. We look forward to meeting with you!

Summit Volunteer First Aid Squad Application for Membership

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Personal Information				
First Name	Middle Name	Last Name	Email Address (not a school email)	
Home Address – Street		City Summit		Zip Code
Cell Phone ()		Cell Phone Carrier		Date of Birth
Guardian Name		Guardian Contact Number ()		Guardian Email Address
School				
School Telephone ()	Current grade in School	Resume Attached (Y/N)	Transcript Attached (Y/N)	
Have your driving privileges ever been revoked? Yes/No If yes, please explain:				
Have you ever been convicted of a crime? Yes/No If yes, please explain:				
By signing this application, I certify that all information contained herein is true.				
Applicant Signature:		Legal Guardian Signature:		
Indicate Times Available			First Aid Training	
Weekday Shifts (Weekly)	4pm-7pm	7pm-10pm	Certification(s)	Exp. Date
Sunday (Night only)				
Monday				
Tuesday			Related Work Experience	
Wednesday				Dates
Thursday				
Friday				
Weekend Shift (Monthly)	7am-7pm	7pm-11pm		
Saturday				
Sunday (Day only)				
Please provide the names of two persons (unrelated to you) for references				
Teacher/Counselor Name		Other Reference Name		
Email		Email (Optional)		
		Street Address	City	State
Relationship		Relationship		
Number of Years Known		Number of Years Known		
		Telephone ()		

Is there any other training or experience which you feel would be applicable to the first aid squad?

Received _____