

Allenhurst EMS
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Allenhurst, NJ 07711
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emscaptain@allenhurstnj.org



EMS APPLICATION

- Initial Application
- Reapplication

Position:

- EMT
- EMR
- Cadet

Complete application in ink.

Name:		Date of Birth:	
Home Phone: ()		Cell Phone: ()	
Street Address:			
City:		State / Zip:	
Email:			
Social Security #:		NJ Driver's License #:	
Training Institution (if applicable):			
Do you have 4 hours of Initial BLS/AED Training? (circle one) Yes / No Proof Required for Recertification.			
Applicant's Signature:			
_____		Date: _____	
Parent/Guardian Signature (Cadet Program only):			
I give my child permission to participate in the Allenhurst EMS Cadet Program. I understand that my child will be learning about the anatomy the of human body, basic first aid and the equipment involved in the care of injured/ill patients; and as a riding member, will be exposed to patient care. I further understand that my child will be participating in hands-on drills regarding what they are learning.			
_____		Date: _____	
Attach copy of each of the following as applicable:			
<input type="checkbox"/> EMT-B Certification Card or Intent to complete EMT-B Course (Date: _____)			
<input type="checkbox"/> EMR Certification or Intent to complete course			
<input type="checkbox"/> Photo Identification (i.e. Driver's License)			
<input type="checkbox"/> Current CPR Card - "BLS/AED" or other approved CPR card.			
EMS OFFICE USE ONLY (6/21)			
Date Received:	EMS ID:	Radio Call Sign:	

Borough of Allenhurst:

Date approved by Commissioners: _____

Signature: _____