



JOHNSTON COUNTY EMERGENCY SERVICES

RYAN PARKER | EMERGENCY SERVICES DIRECTOR

2875 US HWY 70 BUS E | PO BOX 530 | SMITHFIELD, NC 27577 | PHONE: (919) 989-5050 | FAX: (919) 989-5052



Prospective EMS Cadet,

Thank you for your interest in the Johnston County Emergency Services EMS Cadet Program. We are excited that you are considering joining our team and embarking on a rewarding journey in emergency medical services.

The EMS Cadet Program allows youth, ages 15 to 18 years old, to ride on calls with our EMTs and Paramedics. Through participation in the EMS Cadet Program, you will be prepared to enroll in an Initial EMT Course. Cadets are required to complete an initial Cadet Academy, which consists of four (4) consecutive Sundays from 2:00 PM - 5:00 PM. The Cadet Academy will take place each year in the fall.

This application is the first step towards becoming a part of a dedicated group of individuals committed to our mission: *“To provide excellent care and quality service”*. Please ensure ***all fields*** are completed accurately and thoroughly.

In addition to this, please include the following with your completed application:

- **Criminal Background Check:** Obtain from the Clerk of Courts Office.
- **Driver’s License Check:** (If applicable) Obtain from the NC DMV website.
- **Immunization Records**
- **NCHSAA High School Sports Physical**

Please submit inquiries and completed applications to barbara.ahern@johnstonnc.gov. We look forward to reviewing your application.

Sincerely,

EMS Cadet Program Coordinator



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EMS Cadet Program Membership Application

DATE: __/__/__

NAME:		AGE:
DATE OF BIRTH: __/__/__	SOCIAL SECURITY NUMBER: ____-____-____	
PHONE: (____)-____-____	EMAIL:	
HIGH SCHOOL:	CURRENT GRADE:	
DRIVER'S LICENSE NUMBER / STATE ISSUED:		
ADDRESS:		CITY:
PARENT/GUARDIAN NAME(S):		
PARENT/GUARDIAN EMAIL:		
PARENT/GUARDIAN PHONE(S): (____)-____-____ (____)-____-____		
PAST MEDICAL HISTORY:		
ALLERGIES:		
PRIMARY PHYSICIAN:		PRIMARY PHYSICIAN PHONE: (____)-____-____
WHAT PROGRAMS/ACTIVITIES ARE YOU INVOLVED IN CURRENTLY?		
WHY DO YOU WANT TO BE A CADET WITH JOHNSTON COUNTY EMERGENCY SERVICES?		
WHAT ARE YOUR FUTURE OCCUPATIONAL GOALS?		

APPLICANT SIGNATURE: _____

DATE: __/__/__

PARENT/GUARDIAN SIGNATURE: _____

DATE: __/__/__