

Fall 2025

Catawba County Emergency Medical Services Paramedic Explorers Application

Applicant Name: _____ Email Address: _____

School: _____ Current Grade: _____

Parent/Guardian: _____ Email Address: _____

Address: _____

Phone: (cell) _____ (home) _____

I understand that the CCEMS Paramedic Explorers group meets at least monthly. I confirm that I am committed to attend as often as possible. _____ Yes _____ No

I understand that the CCEMS Paramedic Explorers requires high engagement and active participation and agree to actively participate in all activities according to my abilities. _____ Yes _____ No

With this application you will need to submit three letters of reference from persons in the community who can speak to your character. Please do not use family members/relatives. I have submitted three letters of reference. _____ Yes _____ No

I understand that I will be a part of service projects with a required 15-hour minimum. _____ Yes _____ No

I understand that I must maintain a B average to stay in the Catawba County EMS Paramedic Explorers program. I agree to turn my report card in quarterly to the Program Coordinator. _____ Yes _____ No

Applications are due by October 31, 2025. Applications and references can be emailed to melaniesigmon@catawbacountync.gov or mailed to
Catawba County EMS, PO Box 389, Newton, NC 28658. Attn: Melanie Sigmon

Those selected will be emailed by November 14, 2025

Please include a short essay answering the following questions.

Why are you interested in participating in the Emergency Medical Services Paramedic Explorer program? What do you hope to gain from this experience? You may include any previous experiences you may have had with EMS as well as future education and career goals.

General Information

1. List any hobbies or extracurricular activities. Please include jobs and volunteer activities.

2. Will you be able to attend regular meetings? Regular meetings will be held on Monday nights. There will be additional meetings at other times such as weekends or virtually. Participants will be notified ahead of time.

_____ Yes _____ No

I hereby acknowledge that I would like to participate in the Catawba County Emergency Medical Services Paramedic Explorer program. I understand that I must commit to the program to take full advantage of the opportunity.

Signature of Participant

Date

I hereby certify that my son/daughter, _____, has my permission to participate in the Catawba County Emergency Medical Services Paramedic Explorer program should he/she be selected.

Signature of Parent/Guardian

Date