

CAVAC- Cazenovia Area Volunteer Ambulance Corps
Application for Student Corps Membership

Name: _____ Age: _____ DOB: _____
Address: _____
Home Telephone: _____ Cellular Telephone: _____
E-mail: _____ SSN: _____

Do you have CPR Certification? Yes _____ No _____

Do you have First Aid Training? Yes _____ No _____

(If yes, please attach a current copy of your certification)

If offered membership by CAVAC's Student Corps, I agree to follow all rules and regulations set forth in the Student Corps Bylaws. I further agree to conduct myself in a manner that will not cast adverse reflection on the Student Corps and CAVAC, and I understand that there will be a six-month probationary period and after six-months if I have followed all requirements I will be admitted into Student Corps on full membership.

Student Applicant's Signature

Date of Signature

Reason for applying:

Write a one-paragraph explanation, as to why you want to join CAVAC Student Corps and attach it to this sheet when you hand it in.

Parental Permission:

Name of Applicant

I hereby give my permission to my son/daughter, _____, to join the CAVAC Student Corps. I understand that he/she will accept and adhere to all duties and responsibilities of membership.

Parent or Guardian Signature

Date of Signature

Emergency Contact Phone Number

CAVAC Student Corps Bylaws

All Student Corps members must have

1. Both grades and interim grades in within the specified dates given.
2. An updated physical and immunization form.
3. All assignments given by instructors in by due date.

If one or more infractions to the bylaws occur, the Junior Student Corps member will be temporally suspended and be put up for review by the advisors and Student Corps officers.

By signing this document you accept and agree to the CAVAC Student Corps bylaws rules and regulations.

Student Applicant's Signature

Date of Signature