

Cazenovia Area Volunteer Ambulance Corps (CAVAC)

Application for Student Corps Membership

Name: _____ Age: _____ DOB: _____

Address: _____

Telephone Home: _____ Telephone Mobile: _____

E-mail: _____

SSN: _____

CPR Certification? Yes No

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. I understand that there is a six-month probationary period after which having followed all requirements I will be admitted into Student Corps full membership.

Student Applicant's Signature

Date of Signature

Reason for applying: Attach a short (one-paragraph) explanation of why you want to join the Student Corps.

Parental Permission:

I give my permission for my child, _____, 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

Emergency Contact Phone Number

CAVAC Student Corps Bylaws

All Student Corps members must:

1. Submit current grades and interim grades when directed.
2. Complete/maintain a current physical and immunization form.
3. Submit all instructor assignments by their due dates.

When infractions to the bylaws occur the Student Corps member will be suspended and reviewed by Student Corps officers and advisors. By signing this document you accept and agree to the CAVAC Student Corps Bylaws.

Applicant's Signature

Date