

# SEVAC – Smithfield Eaton Volunteer Ambulance Corp.

## Application for Student Corps Membership

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cellular Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Email: \_\_\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Do you have CPR Certification? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have First Aid Training? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please attach a copy of your certifications)

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If offered membership by SEVAC'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 SEVAC. 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 the Student Corps on full membership.

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\_\_\_\_\_  
Student Applicant's Signature Date of Signature

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### Reason for applying:

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

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### Parental Permission:

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

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\_\_\_\_\_  
Parent or Guardian Signature Date of Signature Emergency Contact Phone Number