



# Berkeley Heights Volunteer Rescue Squad Cadet Supplemental Application

**Only Cadet Applicants (Age 16-18) need to complete**  
Please complete and bring to your interview, which will be scheduled upon receipt of your Membership Application

## Student Section

I, \_\_\_\_\_, am applying for cadet membership in the Berkeley Heights Volunteer Rescue Squad.

I understand that this is a regular commitment of three hours weekly. If my grades should be affected, i.e., if **ANY** grade falls below a **C**, I understand that I must go on inactive status until said grades return to a C or above. (I will make my report card grades available to the Captain or the Cadet Coordinator on a timely basis.)

I understand that, during my tour of duty, I will remain at Squad Headquarters or my parent will be willing to transport me to the squad during an emergency dispatch.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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## Guidance Counselor/Teacher Section

I have read the above criteria for cadet membership in the Berkeley Heights Volunteer Squad and can recommend said applicant. I understand that it is his/her responsibility to provide the Cadet Coordinator with report card grades on a regular basis.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_



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## Parent Section

I, \_\_\_\_\_ parent or guardian of \_\_\_\_\_  
have read and understand the criteria for cadet membership in the Berkeley Heights Volunteer Rescue Squad. I approve of my son/daughter's desire to serve with this organization and will assist his/her efforts to comply with these standards.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Photographs/Film/Video/Electronic Representations Release Form

I hereby assign and grant to the Berkeley Heights Volunteer Rescue Squad the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made of me by the Berkeley Heights Volunteer Rescue Squad, and I hereby release the Berkeley Heights Volunteer Rescue Squad from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/ film/video/electronic representations and/or sound recordings without limitation at the discretion of the Berkeley Heights Volunteer Rescue Squad and I specifically waive any right to any compensation I may have for any of the foregoing.

## PLEASE PRINT CLEARLY

Cadet Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signed: \_\_\_\_\_

Guardian: \_\_\_\_\_

(if under the age of 18)

Date: \_\_\_\_\_