

Membership Application
20th District Cadet Youth Group "CYG" Membership Application

Name _____ Date: _____ DOB: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Email: _____

School: _____ Current Status: _____ Year of Graduation: _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

Sponsoring Agency: _____ Chief/Capt: _____ Email: _____

Member Since: ____/____/____ Last Certification Date: ____/____/____ 6 Digit State ID: _____

As a member of the 20th District CYG:

Members must be at least 16 years old at the time of this application.

Members must be a member, EMT, EMR, and in good standing of a 20th District squad

Members must be currently certified by the State of NJ - Or currently enrolled in an accredited NJ EMT training facility.

Members will abide by the Bylaws and Rules and Regulations of their sponsoring agency.

Members will abide by the Bylaws of the 20th District.

Members will abide by the Rules and Regulations of the "CYG".

Members will regularly attend the "CYG" Meetings.

Code of Conduct

- a. All "CYG" members shall abide by the 20th District Bylaws and their sponsoring squad's bylaws and procedures.
- b. Standards
 - i. All members shall perform their duties in a professional and ethical manner. They shall carefully avoid any action or deed, which would bring discredit to the "CYG", the 20th District of the EMSCNJ, or their sponsoring squad.
- c. Sexual and Other Harassment
 - ii. The 20th District, and "CYG" is committed to providing an environment that is 100% free from all forms of discrimination and conduct that can be considered harassing, coercive, or disruptive, including sexual harassment. Actions, words, jokes, or comments based on an individual's sex, race, color, national origin, age, religion, disability, sexual orientation, or any other legally protected characteristic under state or federal laws will not be tolerated. Any violations will be moved for disciplinary matter.
 - iii. A "CYG" Member may report any matters to the 20th District Delegate for CYG or to the President/Chairperson of the 20th District.
- d. Disciplinary Matters
 - iv. If a "CYG" member is found to have violated the 20th District Bylaws, "CYG" Rules and Regulations, the "CYG" Code of Conduct, or in any way participated in an action that resulted in discredit to the "CYG", the 20th District Mentor(s) For "CYG" shall refer all disciplinary matters to the offending member's sponsoring squad at the behest of the 20th District for resolution.

I fully understand that any misstatement or misrepresentation of facts, and/or the withholding of any information whatsoever may result in the denial of this application or dismissal from the "CYG". I further understand and agree that it

is my continuing obligation if accepted as a member to inform the "CYG" Executive Board of any occurrences during my membership which would affect or change the answers to the above questions.

Print: _____ **Signature:** _____ **Date:** _____

Parental Consent for Applicants who are Minors

As the legal parent(s)/legal guardian(s) of the participant named above, I hereby give my full consent and approval for my son/daughter/dependent in the "20th District Cadet Youth Group "CYG". The "CYG" is a group of Cadets, Youth Members, or Junior Members, 16 years of age through college, that will meet periodically for the purpose of training, comradery, developing leadership roles, and furthering their medical skills. I understand and acknowledge that, as a participant, my son/daughter/dependent, may be photographed and/or videotaped.

I understand that there are certain risks of injury inherent in my son/daughter/dependent's participation in CYG, as well as in traveling to and from meeting/drills and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child/dependent. "CYG" meetings and drills will be held approximately once per month and will rotate to a different 20th District participating squad. In addition to giving my full consent for my child's/dependent's participation in CYG, I do hereby waive, release and hold harmless the 20th District of the EMSCNJ, or any other volunteer squads, and any other municipality corps or municipalities that participate in the 20th District, including any delegates, trainers, officers, supervisors, volunteers, and representatives, for any injury that may be suffered by my child/dependent, in the normal course of participation in CYG activities, in the designated activity and the activities incidental thereto, whether the result of negligence or any other cause. I will be responsible for, and/or make arrangements for, dropping off and picking up my son/daughter on time for all meetings or drills.

Print : _____ **Signature:** _____ **Phone:** _____ **Date:** _____
(If a minor, parent/guardian name and signature is required)

Print : _____ **Signature:** _____ **Phone:** _____ **Date:** _____
(If a minor, parent/guardian name and signature is required)

Sponsoring Squad's Chief/Captain: I attest that _____ is a member and is in good standing of our squad and I authorize him/her for membership upon parental consent.

Organization: _____ **Title:** _____

Phone: _____ **Email:** _____

Print: _____ **Signature:** _____ **Date:** _____