

# Emergency Medical Services

## CADET FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address City Zip County

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DISTRICT AFFILIATION: \_\_\_\_\_

I hereby attest that I am currently enrolled in an accredited E.M.T. training program at \_\_\_\_\_ and my lead instructor is \_\_\_\_\_.

I have read and do understand the functional limits of this cadet program. I understand said limits have been set by Federal, State, and local laws; as well as provisions in the Seneca County EMS Policies and Procedures. I hereby acknowledge that I can, and will, be held liable for any and all improper or negligent actions during this program. I also acknowledge I am to perform only when instructed by a certified E.M.T., and do so within the confines of my curriculum.

\_\_\_\_\_  
Cadet Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Coordinator Signature

\_\_\_\_\_  
Date

\* INSTRUCTOR: Please attach a sheet stating specific skills this cadet is capable of performing. If no sheet is attached, cadet will be allowed a ride-a-long/ observation ability only.