



**MUNICIPALITY OF GREENSTONE
FIRE AND EMERGENCY SERVICES**

Beardmore, Geraldton, Nakina, Longlac

STUDENT CADET MEMBERSHIP TERMS

Applicant Information

Name (Last): _____ (First): _____ (Initials): _____

Address: _____ PO Box: _____

Town: _____ Province: _____ Postal Code: _____

**To be completed by Applicant and
Parent/Guardian**

1. I understand and agree that my membership as a Student Cadet will automatically terminate once I reach the age of 18, or if I am no longer attending secondary school at an earlier age.

Yes ☐ No ☐

2. I understand that my membership may be terminated without notice if I fail to adhere to the reporting requirements identified in the Medical Self-Declaration and Criminal History Self-Declaration. I further understand that if I fail to meet the requirements before or during my membership identified in the Position Profile Appendix 'A' and Member Position Profile, my membership may be terminated without notice.

Yes ☐ No ☐

I, the undersigned, agree to these membership terms as a Student Cadet.

Signature of Applicant: _____

Date: _____

I, the undersigned, agree to these membership terms applicable to the applicant as a Student Cadet.

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____

Date: _____