



**Emergency Services Training (E.S.T)
STUDENT APPLICATION**

PART I: Student Information

(Completed by Student)

Last Name: _____ First Name: _____ DOB: _____

Address: _____ Current Grade: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Year of Graduation: _____ Current High School: _____

Current Fire Department: _____

Semester: First (Fire/Hazmat) Second (EMT/Rescue) Both

T-shirt Size: _____ Do you have reliable transportation? _____

PART II: Recommended High School Requirements

(Completed by School Counselor prior to E.S.T. enrollment)

Student's GPA (2.5 recommended): _____ Counselor's Initials: _____

HSA Requirements met: YES NO Counselor's Initials: _____

of Service Learning Hours: _____ Counselor's Initials: _____

Attendance - Previous Quarter (94% recommended): _____ Counselor's Initials: _____

PART III: High School Credits and Course Schedule

(Completed by School Counselor prior to enrollment)

To be eligible for extracurricular activities, students must be enrolled in 50% of the 4-mod school day with two (2) credit bearing classes.

Graduation Requirements Remaining

Course Names

Courses Scheduled to Fulfill Requirements

Course Names

Credit

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Students may earn two (2) elective credits upon successful completion of the Volunteer Cadet Program. Elective credit earned via concurrent enrollment may count toward the 4-credit minimum and the 25 total credits required for high school graduation.

PART IV: Student and Parent Signatures

Check if appropriate: IEP 504

Please note that it is the responsibility of the student to provide a copy of his/her IEP or 504 plan to the V.C.P. instructor.

My signature below verifies that I have met the requirements and understand that it is my responsibility to contact the school office on a regular basis to find out about senior activities and deadlines. Further, I am aware that transportation is for these experiences in all cases shall be the responsibility of the student/parent/legal guardian. I also understand that it is my responsibility to seek the assistance of school administrators in resolving schedule conflicts which may arise due to unusual circumstances, and I give permission for the Carroll County Volunteer Emergency Services Association to share my status and grades with the home school counselor and other school personnel as appropriate. I agree to maintain "active" status with my home fire company. I agree to keep my school counselor informed of any changes that occur to this approved plan. If I am 18 years old or older, in no event shall the Board of Education of Carroll County, its agents, or its employees be held responsible for any injury that me befall me or a third party during my participation in such events taking place off of school property or in transportation to and from such event. Concurrent enrollment courses will not be given a grade on the report card at the marking period. I understand that the **final grade** earned in my concurrent enrollment class will determine my academic eligibility status.

Student <u>Printed Name</u>	Signature	Date
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My signature below verifies that I approve of this plan for my child and that transportation for these experiences in all cases shall be the responsibility of the parent/legal guardian. I give permission for the Carroll County Volunteer Emergency Services Association to share my son/daughter's enrollment status with the home school counselor and other school personnel as appropriate. In no event shall the Board of Education of Carroll County, its agents, or its employees be held responsible for any injury that may befall a student or third party during a student's participation in such events taking place off of school property or in transportation to and from such events.

Parent/Legal Guardian <u>Printed Name</u>	Signature	Date
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Parent/Legal Guardian Cell Phone Number

PART V: Final Authorization

Recommend Approval

Printed Name and Signature - Fire Company Chief	Date	___ YES	___ NO
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Printed Name and Signature - School Counselor	Date	___ YES	___ NO
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[@carrollk12.org](mailto:carrollk12.org)
School Counselor e-mail address

Printed Name and Signature - School Principal	Date
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Printed Name and Signature of person completing schedule change	Title	Date of Schedule Change
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Send completed application to:
CCVESA – EST
50 Kate Wagner Road Westminster, MD 21157
or
estapplication@ccvesa.org