



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

**PART I: Student Information – All Fields Required**

(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: (AFFILIATION PRIOR to start) \_\_\_\_\_

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 (3.0 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

<u>Graduation Requirements Remaining</u>	<u>Courses Scheduled to Fulfill Requirements</u>	
Course Names	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 Printed Name Signature Date

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 Printed Name Signature Date

\_\_\_\_\_  
Parent/Legal Guardian Cell Phone Number

**PART V: Final Authorization**

Recommend Approval

\_\_\_\_\_  
Printed Name and Signature - Fire Company Chief Date      YES      NO

\_\_\_\_\_  
Printed Name and Signature - School Counselor Date      YES      NO

[@carrollk12.org](mailto:carrollk12.org)  
School Counselor e-mail address

\_\_\_\_\_  
Printed Name and Signature - School Principal Date

\_\_\_\_\_  
Printed Name and Signature of person completing schedule change Title Date of Schedule Change

**Send completed application to:**  
**CCVESA – EST**  
**50 Kate Wagner Road Westminster, MD 21157**  
**or**  
[estapplication@ccvesa.org](mailto:estapplication@ccvesa.org)