

APPLICANT INFORMATION: PRINT CLEARLY AND FILL IN ALL INFORMATION

Today's date:		
Have you applied before? YES N	IO When	
Last Name:		
First Name:	Class	-
Platoon:		
Date:/ Age_	Gender: Male / Fem	ale
CADET CONTACT INFORMATIO	N: DO NOT ENTER PAREN	T/GUARDIAN INFORMATION
Applicant's Home Phone: ()	
Work Phone: ()	- <u></u>	
Cell Phone: ()		
Email:		
EMERGENCY CONTACT INFORM	MATION	
In the event of an emergency, will make every attempt to rea contacts may also be allowed to parent/guardian.	ich one of the emergency	contacts. The emergency
The emergency contact should when picking up a student.	be over 21, and will be re	equired to show picture ID
Emergency Contact #1: Name_		
Relationship	Phone #	Alternate phone
number:	E-mail	
Is this Person authorized for Pic	kup: Yes No	
Emergency Contact #2: Name_		
Relationship	Phone #	

Alternate phone number:address		E-mail	
Is this Person authorized for Pickup: Yes No			
Emergency Contact #3: NamePhone #			
Alternate phone number:address		E-mail	
Is this Person authorized for Pickup: Yes No			
Signature of Parent/Guardian	Date		
Signature of Parent/Guardian	Date		
Signature of Applicant 1. I am VOLUNTARILY applying in the Cadet Am	bassador Pro	_	rstand
1. I am VOLUNTARILY applying in the Cadet Am this is not a mandatory but I feel a dedicated ar all duties of the Academy and its RPM departm	bassador Pronsib nd responsib ents. YES/No	ogram. I unde le cadet and o	rstand
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 I am VOLUNTARILY applying in the Cadet Am this is not a mandatory but I feel a dedicated ar all duties of the Academy and its RPM departm Are you currently placed? YES/NO If So When Do you spend 4 hours (face-to-face) a month 	bassador Prond responsibents. YES/Nore? with you metion. If "NO"	ogram. I unde le cadet and o D entor? YES/No explain.	erstand t
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Sunburst Youth Academy Certificate of Understanding and Release of Liability

Please read carefully and sign in all designated places- * If the applicant is 18 years old he/she should enter their own name and enter "N/A" in the second * place.				
I*,, parent/guardian of,				
(Guardian Name - or Applicant if 18 years old) (Applicant)				
,				
In consideration of my child's participation in the Academy and it's affiliates, I HEREBY RELEASE the State of California, the officers, agents, employees, successors and assigns from any and all liability which may arise from my child's participation in the Post Res. Phase of the Academy and related events. I AGREE to hold harmless the State of California National Guard, the National Guard Youth ChalleNGe Program, the officers, agents, employees, successors and assigns regarding any liability or cause of action which may arise from my child's participation in the Cadet Ambassador Program.				
Signature of Parent/Guardian				
Date				
Signature of Parent/Guardian				
Date				
Signature of Applicant				

Code of Conduct

The rules listed here are to be followed at all times by ambassadors initial on each line)	s. (read carefully and		
I will not enact in any criminal activity nor have any type criminal reresidential phase	ecord in post-		
I will always look presentable and be in proper uniform at all times	·		
I will not abuse my rank nor will I abuse fellow ambassadors			
I will not use vulgar language, nor will I conduct myself in a provoca person or on any type of social media	ative manner in		
I understand that entering the Cadet Ambassador Program is optio will be dedicated to meeting the requirements set by the program, improve my life in a positive manner, and continuing my civic dutie	continuing to		
			
I have read the code of conduct and understand what is expected of me at all times as an Ambassador. I acknowledge that failure to meet these requirements could lead to consequences that can range from reprimand to expulsion from the program.			
Signature of Applicant	Date		