

CADET SERVICE UPDATE FORM (RE-ENGAGEMENT)

Please use CAPITAL LETTERS or TYPE and return this form to:

cadetcorps@gov.ky • Fax: 345-946-9811

HQ Cayman Islands Cadet Corps 28 Middle Rd Box 63 Grand Cayman 1108 - Tel.: (345) 946-9810 •
www.cicadetcorps.ky

Personal Data

Mr. Ms. Dr. Prof.

Last Name: First Name:

Address:

Post code: Town: Country:

Phone: Fax:

Email:

Employer (Company):

Position: Department:

Volunteer Details

Mark the boxes below to indicate which areas you will be available to assist with and the frequency

	Weekly	Monthly	Annual	PRN*	Remarks
Admin <input type="checkbox"/> Hq <input type="checkbox"/> Detachment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Events	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Community Service	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Detachment Training (Mon – Sat)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Day: <input type="checkbox"/> Infantry <input type="checkbox"/> Marine <input type="checkbox"/> Band
Camps	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Culinary Arts	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Medical Services (Trained/Certified) - Must be trained or certified as EMT or higher	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Marketing <input type="checkbox"/> Social media <input type="checkbox"/> Print (newsletter; press releases) <input type="checkbox"/> Website	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Quartering & Logistics	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Transport <input type="checkbox"/> Driver <input type="checkbox"/> Vehicle	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

*PRN – as needed | Days of the week: Su Mo, Tu, We, Th, Fr, Sa

Education Details

Outline education and training completed since last year of cadetting

- Doctorate _____
 Masters _____
 Baccalaureate _____
 Associate _____
 Diploma _____
 Certificate _____
 Vocational _____
 Other _____

Service Details

LAST YEAR OF CADETTEING

Cadet Qualifications (do not write in grayed boxes)

Star	F/O	Rank	F/O	Verified by	Remarks
<input type="checkbox"/> 1		<input type="checkbox"/> LCpl			
<input type="checkbox"/> 2		<input type="checkbox"/> Cpl			
<input type="checkbox"/> 3		<input type="checkbox"/> Sgt			
<input type="checkbox"/> 4		<input type="checkbox"/> SSgt			
<input type="checkbox"/> First Aid		<input type="checkbox"/> WO II			
<input type="checkbox"/> Other		<input type="checkbox"/> WO I			

SIGNED: _____

Assignment

	Weekly	Monthly	PRN*	Remarks
Admin <input type="checkbox"/> Hq <input type="checkbox"/> Detachment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Detachment Training (Mon – Sat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Day: <input type="checkbox"/> Infantry <input type="checkbox"/> Marine <input type="checkbox"/> Band
Camps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Culinary Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Services (Trained/Certified) Must be trained or certified as EMT or higher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Marketing <input type="checkbox"/> Social media <input type="checkbox"/> Print (newsletter; press releases) <input type="checkbox"/> Website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quartering & Logistics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transport <input type="checkbox"/> Driver <input type="checkbox"/> Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

AUTHORIZED BY (Name/Rank): _____

SIGNED: _____