

# CADET SERVICE UPDATE FORM (RE-ENGAGEMENT)

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

**[cadetcorps@gov.ky](mailto: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](http://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
<b>Admin</b> <input type="checkbox"/> Hq <input type="checkbox"/> Detachment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Events</b>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Community Service</b>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Detachment Training (Mon – Sat)</b>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Day: <input type="checkbox"/> Infantry <input type="checkbox"/> Marine <input type="checkbox"/> Band
<b>Camps</b>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Fundraising</b>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Culinary Arts</b>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Medical Services (Trained/Certified)</b> - Must be trained or certified as EMT or higher	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Marketing</b> <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"/>	
<b>Quartering &amp; Logistics</b>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Transport</b> <input type="checkbox"/> Driver <input type="checkbox"/> Vehicle	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Other:</b> _____ _____ _____	<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: \_\_\_\_\_