



Mohegan Volunteer Ambulance Corps **Youth Corps**

PARENTAL CONSENT FORM

Name of Applicant _____

I, _____, am the legal guardian of the above named minor applying to the Mohegan Volunteer Ambulance Corps Youth Corps (MVAC-YC). I give my consent for my son/daughter to apply and participate in the activities of the MVAC Youth Corps and perform the duties associated with those activities. I certify, to the best of my knowledge, that my son/daughter is medically capable of performing the activities associated with the MVAC Youth Corps, as stated in the *MVAC Youth Corps Bylaws*. For the sole purpose of determining my son/daughter's suitability for affiliation with this organization, I grant permission to the MVFA-VAC and any law enforcement agency that they deem appropriate, to conduct a background check, including but not limited to verification of the information contained in this application. I understand that there may be some physical and mental requirements for rendering emergency medical care as a member of the ambulance corps. I understand that at all times there will be adult supervision of all activities. As parent/guardian I may decide to limit this applicant's activities at any time.

Signature of Parent/Guardian _____

This Form Must Be Notarized

NOTARY



Mohegan Volunteer Fire Association
Volunteer Ambulance Corps
1975 E. Main St.
Mohegan Lake, NY

