



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 (Topics TBA): ☐ FALL Semester ☐ SPRING Semester ☐ 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

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

Digital Signatures accepted when completing online

Recommend Approval

Printed Name / Signature - Fire Company Chief

Date

___ YES ___ NO

Printed Name / Signature - School Counselor

Date

___ YES ___ NO

School Counselor e-mail address

Printed Name / Signature - School Principal

Date

Printed Name / 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

Save form to your computer to email

estapplication@ccvesa.org

Revised July 9, 2025