



RCSU CENTRAL

Cadet Activity Program – Staff Application Form

Part A Personal Information

SN or CIN	Rank	Last Name	First Name	Category (click appropriate box)	
				CIC/COATS	Cadet
Area		Zone	Element	Unit #	Unit Location
Home Address (include street, city & postal code)			Contact Telephone	Contact Email	

Indicate Dates Available (e.g. 10 Mar 21)			Do you have any concerns working in a COVID-19 Environment?		
Start Date:	Finish Date:		Yes	No	

Part B Courses and Qualifications

Provide a list of courses and/or current qualifications (include both Military/Cadet and Civilian)

1		12			
2		13			
3		14			
4		15			
5		16			
6		17			
7		18			
8		19			
9		20			
10		21			
11		22	Standard 1 st Aid	Yes	No

Adult Staff Only - Would you be interested and available to be employed outside of your area to work in another area for the Cadet Activity Program? You would be placed on TD for this employment.	Yes	No
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Area Office Use Only

Selected for Employment in Home Area		Selected for employment in Other Area		Other Area	Training Site Location
Yes	No	Yes	No		
Position Selected for:			Employment Dates		Total Days
OIC	PI Comd	SCdt	Start Date:	Finish Date:	

Zone Training Officer Recommendation

Rank	Last Name	First Name	Signature	Date

Area Officer Commanding Approval

Rank	Last Name	First Name	Signature	Date