

CAB MEMBERSHIP APPLICATION

(Please Print)

LEGAL NAME: _____ ID# _____

Nickname: _____

I am a student on the: Wheeling Weirton New Martinsville Campus

Semester Participating In: _____
(Fall / Spring / Summer) Year _____

Address: _____

Home Phone: _____ Cell Phone: _____

Student E-mail Address: _____

In which areas of service are you most interested?

_____ Children's Activities (*Please see below)

_____ Promoting Activities

_____ Sporting Events

_____ Organizing and Implementing Activities

Other Areas of Interest: _____

**Please note if you would like to volunteer for youth activities, we require a background check that will be paid for by WVNCC. After you have had a background check, it is your responsibility to notify the college if something has changes and that is no longer valid.*

For myself, my heirs, executors and administration, I, the above, waive and release any and all rights and claims I may have against West Virginia Northern Community College, CAB, students, faculty, or staff members for any and all injuries suffered by me while participating in CAB activities and while being transported to and from activities.

Student Signature: _____

Date: _____

FOR OFFICE USE ONLY

(Revised: 07/2011)

DATE ADDED IN BANNER: _____

YEAR: _____

DATE OR BACKGROUND CHECK COMPLETION: _____