

# FLORIDA WING CADET STAFF CONTRACT

## PART I – MEMBER INFORMATION

CAPID	NAME (Last, First, MI)	CAP GRADE	DATE OF BIRTH
ACTIVITY		DUTY ASSIGNMENT	

## PART II – UNIT INFORMATION

UNIT CHARTER NUMBER	SQUADRON NAME	GROUP
SQUADRON COMMANDER (SQD/CC) NAME/GRADE	SQD/CC PHONE NUMBER	SQD/CC E-MAIL

## PART III – STANDARDS & EXPECTATIONS ACKNOWLEDGEMENT

<p>_____ (initials) I will display a high level of self-discipline, military bearing, and military customs and courtesies consistent with the expectations of the Cadet Program.</p> <p>_____ (initials) I will obey all CAP rules and regulations in fact and spirit and cooperate with the cadets and seniors who are appointed to lead, train, and assist me.</p> <p>_____ (initials) I will help my fellow cadets succeed as I put service to my team before myself.</p> <p>_____ (initials) I will not take pictures or videos at any time unless specifically authorized by the activity commander.</p> <p>_____ (initials) I will not permit other cadets to use my personal electronic devices during the activity.</p> <p>_____ (initials) I understand that hazing, defined as “any conduct whereby a CAP member or members suffer or are exposed to any activity which is cruel, abusive, humiliating, oppressive, demeaning, or harmful” is prohibited. Also, soliciting or coercing another to perpetrate any such activity is also considered hazing. Hazing need not involve physical contact among or between CAP members; it can be verbal or psychological in nature. Actual or implied consent to acts of hazing does not eliminate the culpability of the perpetrator. Any staff member who engages in hazing will be removed from their assigned position and their Wing Commander will be notified. Any staff member who witnesses or knows about possible or suspected hazing and fails to take appropriate action to stop or report such hazing will also be removed and their Wing Commander notified.</p>	<p>_____ (initials) I will discharge to the best of my abilities the position for which I am selected.</p> <p>_____ (initials) I will wear the CAP uniform in accordance with CAPM 39-1 and any uniform directives set forth by the activity commander.</p> <p>_____ (initials) I will make myself readily available to assist other staff members when my assistance would positively impact the mission at hand.</p> <p>_____ (initials) I will only use authorized electronic devices away from students and in a way that does not detract from the performance of my primary duty.</p> <p>_____ (initials) I will use social media responsibly and as authorized by the activity commander in a manner that reflects credit upon myself, Florida Wing, and Civil Air Patrol.</p>
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## PART IV – CADET AGREEMENT

I agree to the Standards and Expectations set forth in Part III of this contract and agree to abide by these standards. Furthermore, I understand this is not a comprehensive list and that while a specific standard may not be listed above, any behavior or action contrary to that expected of a Cadet in Civil Air Patrol will not be accepted. I accept the privilege of staffing this activity and will fulfill the duties and responsibilities afforded to me to the best of my ability.

\_\_\_\_\_  
Cadet's Printed Name (First M. Last)

\_\_\_\_\_  
Cadet's Signature

\_\_\_\_\_  
Date

## PART V – PARENTAL AGREEMENT

I have read the above agreement with my cadet. I understand the responsibilities given to my child with this assignment and will provide support and encouragement to help ensure a positive learning and leadership experience is received. Furthermore, I understand that if my child is dismissed from the activity for failure to meet the standards and expectations set forth for a Civil Air Patrol Cadet and as described in Part III of this contract my child may be sent home at the discretion of the activity commander. In the event my child is dismissed from the activity, I understand I will be responsible for transportation from the activity and any associated costs of an early departure.

\_\_\_\_\_  
Parent's (Legal Guardian) Printed Name (First M. Last)

\_\_\_\_\_  
Parent's (Legal Guardian) Signature

\_\_\_\_\_  
Date