



# ENROLLMENT FACT SHEET



## **Northeastern Conference of Seventh-day Adventist Adventist Youth Ministries Department Medical Cadet Corps**

The **Northeastern Conference Adventist Youth Ministries Department** has revived the historic ministry of the Seventh-day Adventist Medical Cadet Corps/SDAMCC within its field. The Medical Cadet Corps/MCC is a program of the Seventh-day Adventist Church started in the 1930s in the United States with the intention of preparing young men of draft age for military service in non-combatant roles. Training included drill, first aid, discipline, and character development. After a brief hiatus, it was reactivated and adapted internationally on the conference level with an additional emphasis on first responder, rescue and disaster response.

The Seventh-day Adventist Medical Cadet Corps/MCC is a volunteer uniform service organization working under the organizational authority of the General Conference World Service Organization down to the local the Conference. In addition to its original goal of training non-combatant SDA youth, its developed as disaster and response entity. Its members are fully trained, duly certified and serve as a ministry in the community under strict uniform discipline to respond to natural or man-made crisis. MCC's serve as front line first responders as well as providing logistical support in the field. The work of the Medical Cadet Corps is a tangible one, providing certified basic life support first aid/BLS, certified mental health first aid, certified spiritual first aid, disaster response and relief as well as basic rescue at the epicenter of an emergency. Logistical support includes the augmenting supplies and warehousing operations, traffic and crowd control and public safety.

In the Northeastern Conference of Seventh-day Adventist, the SDAMCC operates within the Adventist Youth Ministries Department. The SDAMCC-NEC will operate on a brigade model to cover all areas of the Conference territory.

### **MCC Philosophy**

The philosophy of this Ministry is to serve God, our neighbors, and the community, so that in the event of an emergency or when called for national service, they will be able to help and organize resources, both spiritual, material and personal. The goal is to provide spiritual and logistical help in a quick and efficient way, while demonstrating the motto: SERVE, SERVE, SERVE.

This organization provides spiritual growth to its members, giving them the opportunity to start groups, through which, like soldiers for Christ, they can work diligently for the salvation of the souls. It is a chance to expand their knowledge on the medical concepts and emergencies: Basic First Aid and CPR, Advanced First Aid and CPR, mental health first aid, search and rescue, water safety, wilderness survival and others. The physical training is geared towards conditioning the cadets by optimizing their physical abilities while keeping a balance between body and mind. This is important because we work with other organizations that have similar goals like the community.

★ **Membership requirement**

A person begins in the Medical Cadet Corps as a Private-Recruit or "E-1" and does not carry any emblem of rank; below are detailed steps to begin in this ministry as a Medical Cadet:

- Total commitment
- Be at least seventeen years of age (seventeen-year-olds join as Junior Cadets)
- Complete and submit the Medical Cadet enrollment package
- Sign the code of conduct
- Be present at your local group meeting for induction
- Pay the enrollment fee (\$20.00)
- Complete the screening for child protection

★ **Creed:**

I am a medical cadet, serving God and Country.

I will do everything in my power to be loyal to God and the values of the Medical Cadet Corps.

I will obey the orders and instructions of my superiors. In God, I trust.

★ **Motto:** Serve, Serve, Serve

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In reviving this historical initiative, the Adventist Youth Ministries Department/AYMD of the Northeastern Conference, solicits your support, cooperation, and participation. It is the hope of this department to create another avenue of Christian service and compassion for the inner church and community. The process of engaging those in the constituency that might be interested in joining the Corps and starting a local team within the local church has therefore begun. If someone is interested in training for coordinated response to disaster, emergency preparedness as well as discipline and order please encourage them to join S.D.A.M.C.C.-N.E.C.

**Northeastern Conference of Seventh-day Adventist**

**Adventist Youth Ministries Department**

**Medical Cadet Corps**

115-50 Merrick Boulevard

Jamaica, New York 11434

718-291-8006

**Thank you for your interest in the Northeastern Conference Brigade of the Seventh-day Adventist Medical Cadet Corps**



**NORTHEASTERN CONFERENCE  
OF  
SEVENTH-DAY ADVENTIST**  
Medical Cadet Corps Enrollment Application  
**PLEASE PRINT**



Cadet  Junior Cadet  Senior Auxiliary

**Name of Candidate:** \_\_\_\_\_  
Last First M.I.

**Address:** \_\_\_\_\_  
Apt. #

City State Zip Code

**Postal Address:** \_\_\_\_\_  
\_\_\_\_\_

**E-Mail:** \_\_\_\_\_ @ \_\_\_\_\_

**Church:** \_\_\_\_\_ **Area:** \_\_\_\_\_

**Tel. No.:** ( ) \_\_\_\_\_ **Cell No.** ( ) \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_ **Blood Type:** \_\_\_\_\_

**Licenses & certifications:** \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone No.:** ( ) \_\_\_\_\_

**Doctor's Name** \_\_\_\_\_

**Doctor's No.:** \_\_\_\_\_

**Name of Insurance:** \_\_\_\_\_

I \_\_\_\_\_ submitting my name and person for enrollment in the Seventh-day Adventists Medical Cadet Corps. I further agree to submit to the values of the Corps and Uniformed Service Discipline.

Signature

Date

**INTER-SERVICE QUALIFICATION**

**INVESTED AY CLASSES:** (list all applicable categories)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Little Lamb                   | <input type="checkbox"/> Eager Beaver                | <input type="checkbox"/> Busy Bee                      |
| <input type="checkbox"/> Sunbeam                       | <input type="checkbox"/> Builder                     | <input type="checkbox"/> Helping Hand                  |
| <input type="checkbox"/> Friend                        | <input type="checkbox"/> Trail Friend                | <input type="checkbox"/> Companion                     |
| <input type="checkbox"/> Trail Companion               | <input type="checkbox"/> Explorer                    | <input type="checkbox"/> Wilderness Explorer           |
| <input type="checkbox"/> Ranger                        | <input type="checkbox"/> Wilderness Ranger           | <input type="checkbox"/> Voyager                       |
| <input type="checkbox"/> Frontier Voyager              | <input type="checkbox"/> Guide                       | <input type="checkbox"/> Frontier Guide                |
| <input type="checkbox"/> Master Guide – Adventurer     | <input type="checkbox"/> Master Guide – Pathfinder   | <input type="checkbox"/> Master Guide – Senior Youth * |
| <input type="checkbox"/> Senior Youth Leadership Award | <input type="checkbox"/> Pathfinder Leadership Award | <input type="checkbox"/> Pathfinder Instructor's Award |

\* offered in by-gone years before the Senior Youth Leadership Award

**HEALTH CARE SPECIALIZATION** (As applicable)

- |  |   |
|--|---|
| <input type="checkbox"/> Licensed Physician (M.D./O.D.)              | <input type="checkbox"/> Physician's Assistant                      |
| <input type="checkbox"/> Nurse – Practitioner                        | <input type="checkbox"/> Nurse - Registered                         |
| <input type="checkbox"/> Nurse – Licensed Practical                  | <input type="checkbox"/> Nurse – Certified Assistant                |
| <input type="checkbox"/> Paramedic – Critical Care                   | <input type="checkbox"/> Paramedic Advance Life Support             |
| <input type="checkbox"/> Emergency Medical Technician                | <input type="checkbox"/> Pharmacist                                 |
| <input type="checkbox"/> Licensed Physician _____                    | <input type="checkbox"/> Respiratory Technician                     |
| <input type="checkbox"/> First Responder- Certified                  | <input type="checkbox"/> First Aid Instructor                       |
| <input type="checkbox"/> Certified Emergency Preparedness Specialist | <input type="checkbox"/> Certified Emergency Preparedness Responder |
| <input type="checkbox"/> Licensed Psychologist                       | <input type="checkbox"/> Clinical Social Worker                     |
| <input type="checkbox"/> Medical Assistant                           | <input type="checkbox"/> Certified Counselor                        |
| <input type="checkbox"/> Other Medical Service Professional:         | <input type="checkbox"/> DDS  |
|  | <input type="checkbox"/> DMD  |
|  | <input type="checkbox"/> DO   |
|  | <input type="checkbox"/> DC   |
|  | <input type="checkbox"/> DPT  |
|  | <input type="checkbox"/> DPM  |
|  | <input type="checkbox"/> Psy.D                                      |
|  | <input type="checkbox"/> Other: _____                               |

**UNIFORMED SERVICE EXPERIENCE:**

BRANCH OF SERVICE	RANK	SPECIALIZATION/MOS
ARMY		
NAVY		
MARINE		
AIR FORCE		
COAST GUARD		
NOAA CORPS		
PUBLIC HEALTH SERVICE		
LAW ENFORCEMENT		
MARITIME SERVICE		
FIRE SERVICE		
Other		

# JUNIOR CADET PERMISSION FORM

This is to acknowledge that as the parent/guardian of \_\_\_\_\_, that I do certify and I give permission for my child to join the Seventh-day Adventist Medical Cadet Corps as a junior cadet, understanding that he will participate in all age appropriate activities and will submit to the uniform discipline of said organization. I authorized the him to travel with and under the supervision of the commissioned or warranted officers of the Corps from the \_\_\_\_\_ platoon (\_\_\_\_\_ SDA Church) of the Northeastern Conference Brigade of the Seventh-day Adventist Medical Corps. I further certify that I have read and understood the above and I acknowledge that in the event of a sudden illness or accident that the Officials of the Corps are authorized by me as parent/ guardians to release this information to Emergency Medical Service Personnel attending to his/her care Attached to this consent form is a health assessment and my Emergency contact information.

Signed by me on the date indicated below:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian

Date: \_\_\_\_\_



# Seventh-day Adventist Medical Cadet Corps



## Code of Conduct

I, \_\_\_\_\_ (in print) recognize that the **Seventh-day Adventist Medical Cadet Corps**, to which I wish to belong, is a ministry of the Seventh-day Adventist Church and a Volunteer Uniformed Service Organization, and that I understand that:

1. I must possess and maintain a sound mind and body, I will abstain from using all things that do harm to y body like alcohol, tobacco, drugs, etc.
2. I will be trained in a high-quality program that includes the harmonious development of the physical, mental and spiritual capacities; and therefore, I will obey the rules and commands given to me by the staff and superior ranking members of the Corps.
3. I will obey the written rules that define the limits of borders on camps, overnights and other activities determined by the Corps Staff.
4. I understand that my Unit has the need to purchase equipment and other materials to help in my training and response, I will therefore give with a cheerful heart monthly as determined by the leadership and my abilities.
5. Knowing that I will be using a uniform, I promise to do all within my reach to purchase my personal attire, care for it and use it only for its intended purposes. I agree not to use jewelry in the form of adornments of any material while in uniform, neither will I go places or do things that are inappropriate and thereby bringing dishonor upon the uniform and the Corps. I will not use the uniform in whole or part for any other reason other than as outline for the purposes of the **Seventh-Day Adventist Medical Cadet Corps**.
6. I understand that it is very important to assist and be committed to the activities of the unit. If I am unable to perform my duties, I purpose to provide my superiors with a just and timely reason.
7. I will not make use of profanity, vulgarities or inappropriate language or behavior.
8. I will assist responsibly and respectfully to any Church services of worship and other Church gatherings.
9. If for any reason I need to pause or withdraw my enrollment from the Corps, I will use the proper procedures in requesting a license of time off. I will also be responsible in taking care of the patches and emblems entrusted to me for wear and return them if I cannot.
10. I accept those prescribed measures that will ensure that my presence will be in harmony with my unit, therefore I also accept and trust those decisions taken by the leadership of the Corps up the chain of command for this same purpose.

In recognition that I am responsible for my thoughts and actions, and after studying this Code of Conduct, of my own free will, I promise and purpose, under God's direction and with all my strength and honor to keep and fulfill each of the points mentioned above.

Signature \_\_\_\_\_

Date \_\_\_\_\_



# Northeastern Conference Brigade Seventh-day Adventist Medical Cadet Corps

## CONSENT TO PHOTOGRAPH, FILM OR VIDEOTAPE MEMBERS FOR NON-PROFIT USE

Name of Subject: \_\_\_\_\_

Team: \_\_\_\_\_

Church: \_\_\_\_\_

I hereby consent to the participation in interview, in the use of quotes, and the taking of photographs, movies or video tapes of the above-named Member of the Northeastern Conference Brigade.

I also grant to \_\_\_\_\_ the right to edit, use and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media under the control of the Communications Department of the Northeastern Conference Pathfinder Federation. I further do hereby release the Northeastern Conference Brigade of the Seventh-day Adventist Medical Cadet Corps and its parent organizational affiliates, its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Authorized by me: \_\_\_\_\_

Signature	Date
_____	
Mailing Address	Apt. #
_____	
City	State
	Zip Code

### If under 18 co-signed by

Authorized by me: \_\_\_\_\_

Signature	Date
_____	
Mailing Address	Apt. #
_____	
City	State
	Zip Code



**NORTHEASTERN CONFERENCE of SEVENTH-DAY ADVENTISTS**

*Adventists Youth Ministries Department*

*Northeastern Conference Brigade of the Seventh-Day Adventist Medical Cadet Corps*

**JUNIOR CADET TRIP PERMISSION SLIP**

Name: \_\_\_\_\_

Trip To: \_\_\_\_\_

Event: \_\_\_\_\_

Date: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Return Time: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Transportation: \_\_\_\_\_

Event Sponsor: \_\_\_\_\_

Approved Chaperons: \_\_\_\_\_

\_\_\_\_\_

My Child, A Junior Cadet of the Northeastern Conference Brigade of the Seventh-day Adventist Medical Cadet Corps has permission to go on the aforementioned trip. I understand the arrangements and give permission for my child to attend. I also agree to indemnify and hold harmless from liabilities the Northeastern Conference of Seventh-Day Adventists, and its subsidiaries for accidents or injuries occurring during this trip. This specifically includes injury arising from negligence on the part of those mentioned above. This recognizes a shared responsibility among Church, the Medical Cadet Corps and Home. This does not include **gross** negligence on the part of those mentioned above. This does not waive coverage within the policy of church accident insurance, which covers Church-Sponsored activities.

Furthermore, in the event of sudden illness or accident requiring attention, my child has permission to obtain emergency medical services. During this trip, I can be reached at the following number(s).

**Home:** (\_\_\_\_) \_\_\_\_\_ **Work:** (\_\_\_\_) \_\_\_\_\_ **Other:** (\_\_\_\_) \_\_\_\_\_

Please note the following medical problems, conditions, allergies and medications my child has:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian as applicable)

\_\_\_\_\_  
(Date)