



Application

**Company F
14th Regiment
Connecticut Volunteer Infantry
1862-1865, Inc.**



A not-for-profit, 501(c)3 educational and historic preservation organization
Liability Insurance through the Harleysville Worcester Insurance Co.
A member of the National Regiment and New England Brigade
A Civil War Trust Regimental Color Bearer

Before signing the application, including our waiver, you must read and agree to the Company F Bylaws and the rules and regulations of this organization. Please email Paul Martinello at martinpjm@cox.net. He will then send you copies of the R&R form and Bylaws as email attachments.

For which level of membership are you applying? **Check one.**

- Charter \$100 initial year, selected membership level per year thereafter
- Regular \$30 per year *18 years and older*
- Associate \$20 per year *re-enactor of another unit or individual only interested in supporting and participating in preservation and educational opportunities*
- Family \$15 per year *family member(s) of a Regular member*
- Youth \$15 per year *16-17 years old*

Name: _____

Date of Birth: ____ / ____ / ____

Home address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Email: _____

Why do you wish to become a member of Company F, 14th CVI?

Please describe any relevant living history or reenactment experience, if any:

Please check any areas in which you are skilled:

- Leatherworking Singing
 Sewing/Tailoring Play period instrument
 Cooking First Aid/CPR
 Black powder firearms

 Other. List other relevant skill sets on back of this page, if needed

Are you currently under a restraining order which prohibits you from possessing a firearm?

Yes _____ No _____

Have you ever been CONVICTED of an offence against criminal or military law, or are there criminal charges currently pending against you? (Exclude minor traffic violations or any offense settled in juvenile court or under a youth offender law.

Yes _____ No _____

If yes, please explain:

Are you aware that we are striving to become the best reenactment unit in the field and this will require high caliber equipment, uniforms or dress, and a working knowledge of basic infantry drilling?

Yes _____ No _____

Are you aware that one of the unit's main purposes is to enthusiastically participate in both living history events and in preservation projects? Yes _____ No _____

Are you aware that we have a six-month probationary period even though you may have years of prior experience? Yes _____ No _____

Are you aware that your first year's membership is free for a prospective member interested in creating a military or civilian impression? Yes _____ No _____

However, if you wish to make a tax deductible donation towards preservation, you may do so, by including a check made out to Co. F, 14th CVI and include it with this application.

For your own safety, please provide the following information as applicable:

Any medical conditions we need to be aware of, in the event that medical assistance is needed at an event?

Emergency contact person: _____

Relationship: _____

Emergency contact phone number (____) ____ - _____

I _____ testify that the above information provided by me is to the best of my knowledge, accurate and complete and that I have read the *Bylaws* and the *Rules & Regulations* of this organization, and have *signed the waiver on page 4*.

Signed: _____ Date: ____/____/____

Mail completed forms to:

**Co. F 14th CVI
c/o Paul Martinello
30 Boblink Lane
Somers, CT 06071**



Waiver of Liability

Company F, 14th CVI, 1861-1865, Inc.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Waiver of Liability – Please read carefully, sign and date.

By signing this form, you (as the individual), are acknowledging that you understand that Co. F 14th CVI, 1861-1865, Inc. assumes **NO LIABILITY** for property loss or damage, accidents, injury or death from any cause. You are also acknowledging that you have adequate insurance, or are self-insured, for any such emergencies that should arise while participating in this event. You are furthermore agreeing to abide by all laws and ordinances of the hosting city or town and the rules of the 14th CVI organization, and their respective NCO's and Officers.

If you do not understand this waiver form, or have any questions before signing this release, please contact our organization. **If this waiver of liability is for a member under the age of 18, a parent or legal guardian responsible for his/her welfare and conduct must co-sign below. For a member younger than 15, a responsible adult shall be in attendance with the member at the event.**

I, the undersigned, do hereby acknowledge that as a participant in this Co. F, 14th CVI event, I freely and voluntarily engage in potentially hazardous activity for my own recreation, enjoyment and pleasure.

Signature: _____ Date ____ / ____ / ____

If this application is for a minor under 18 years old:

Signature: _____ Date ____ / ____ / ____
(Signature of Parent, Legal Guardian, or Responsible Supervising Adult)