



FLORIDA REGIMENT MEDICAL DEPARTMENT ENLISTMENT APPLICATION

I am requesting membership in the Florida Regiment Medical Department.

Applicant Information (Please Print Clearly):

Name: _____
Address: _____
City, State Zip: _____
Phone Number: _____
Email Address: _____
Date of Birth: _____

Application Type (Please Check One):

- Medical** – participates in reenactments on the battlefield and at living history events
 Civilian – participates in reenactments and living history events, but not on the battlefield
 Auxiliary – supports the unit, but does not participate in reenactments or living history events

By signing this application, I acknowledge the following:

1. I have read and will abide by the Unit Rules in the “Florida Regiment Medical Department Handbook”, <http://www.2ndflvlhi.com/Documents/FloridaRegimentMedicalDepartmentUnitHandbook.pdf> or please email Rsonntag@cfl.rr.com to have an updated copy sent directly to you.
2. I have read and will abide by the Code of Conduct of the 2nd Florida Volunteers Living History, Inc., found on page 26 of the Corporation’s Bylaws on the Corporation’s website at: www.2ndflvlhi.com/Documents/2ndFLVoILHIBYLAWS.pdf; and,
3. I will follow faithfully the orders of my superior officers and the Unit Commander, and will follow the medical drills of the unit and coordinate activities with Civil War Surgeons Society (CWSS) to the best of my ability; and,
4. All of the information given here is accurate to the best of my knowledge.

Signature

Date

Parent’s or Guardian’s Signature
(if applicant is under 18 years old)

Date

**Application
Status:**

Granted
 Declined

Date:

Initials: