|  |
| --- |
| South Sherman Fire & Rescue |



|  |
| --- |
| 109 SW 2nd ST. P.O. Box 116Grass Valley, Oregon 97029Phone: (541) 333-2525Fax: (541) 333.2276admin@southshermanfire.com |

|  |
| --- |
| Cadet Application |

**MISSION STATEMENT**

It is the Mission of the South Sherman Fire Cadet program to provide a realistic experience for the youth of our communities to become familiar with career opportunities in the fire service and related fields.

**OUR PURPOSE**

Through classroom instruction, hands-on training and volunteer work cadets are provided a base of knowledge and experience that can benefit them not only in fire service careers, but all future endeavors. This is accomplished under the umbrella of fire safety practices and exceptional customer service. It also teaches them to have pride in the community, pride in themselves, self-discipline, self-respect, respect for others, the confidence to set and accomplish personal goals as well as the ability to work as a team to reach a goal. Cadets are taught that education is the key to success, alone with determination and a “never quit” attitude. We continue to work towards a better relationship between the community and the cadet program, especially its’ youth and the fire community. We accomplish this in several ways:

* Provide a positive interaction between firefighters and the youth which might not otherwise happen.
* Provide positive role models for the youth.
* Give youth an opportunity to be leaders in their communities thereby giving them skills to become more productive citizens.
* Give youth the opportunity to actively provide service to their community.
* Help firefighters to better understand the needs of the community they serve and protect by establishing positive relationships with the people who live in the community.
* It encourages youth to follow proper procedures in work and in the school environment.

Cadets are offered the opportunity to advance to leadership positions within the program where they are encouraged to develop interpersonal effectiveness and communication skills.

**Cadet Information and Application Packet**

**General Requirements**

1. Applicants must be between the ages of 9 and 18 years of age to fully participate in all cadet activities.

2. Parental approval must be obtained.

3. School transcripts demonstrating a 2.0 GPA, or better, must be enclosed with the application.

4. The applicant must be in good health and without physical conditions that will endanger them or others. A physical is required.

5. The applicant must be of good character and possess good moral habits. Driving records will be considered.

6. All new applicants must attend four consecutive meetings.

7. A minimum of 50% attendance is required. Attendance is crucial to the cadet program. Make up training will be made available. If attendance becomes a problem, the cadet may be subject to disciplinary action or removed from the program. Attendance is one of the criteria for being allowed to participate in extra programs and activities.

8. Upon acceptance to the cadet program, a mandatory six month probationary period must be served.

9. All applicants must successfully pass a background investigation.

NOTE: None of the above requirements are intended to be an automatic disqualifier. All of the above are open to discussion with the Senior Cadet Advisor. The program recognizes special circumstances.

**Fire Cadet Application**

Instructions:

 When filling out this application:

* Fill in All the blanks. If an item does not apply to you enter N/A.
* Give complete information, including your first, middle and last names completely spelled out.
* Submit only information you are sure of.
* The form must be signed in the presence of a program advisor. DO NOT sign the form prior to meeting with an advisor.

Intentional withholding or falsification of information on this application will result in denial of acceptance. If the application is accepted and falsification is discovered, the Cadet may be dismissed without recourse.

**SOUTH SHERMAN FIRE & RESCUE CADET APPLICATION**

**Name**

|  |  |  |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

Last First Middle

**Address**

|  |  |  |  |
| --- | --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Street City State Zip

**Telephone E-Mail Address**

|  |  |
| --- | --- |
| Click here to enter text. | Click here to enter text. |

|  |
| --- |
| Click here to enter a date. |

**Date of Birth:**

**Gender:** [ ]  **Male** [ ]  **Female**

**Social Security Number:** Click here to enter text.

**School Attending:** Click here to enter text.

**Father/Legal Guardian Name**

|  |  |  |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

Last First Middle

**Address**

|  |  |  |  |
| --- | --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Street City State Zip

**Telephone E-Mail Address**

|  |  |
| --- | --- |
| Click here to enter text. | Click here to enter text. |

**Mother/Legal Guardian Name**

|  |  |  |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

Last First Middle

**Address**

|  |  |  |  |
| --- | --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Street City State Zip

**Telephone E-Mail Address**

|  |  |
| --- | --- |
| Click here to enter text. | Click here to enter text. |

**Driver’s License Number (if applicable) State Class**

|  |  |  |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Traffic Convictions past Five Years**

**Date Nature of Citation Outcome**

|  |  |  |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

**List more on separate sheet if necessary.**

Have you EVER been convicted of a crime including a Traffic Crime? Explain

|  |
| --- |
| Click here to enter text. |

Have you ever used any illegal drugs? Explain (what/when)

|  |
| --- |
| Click here to enter text. |

Have you ever been suspended or expelled from school? Explain

|  |
| --- |
| Click here to enter text. |

What is your current GPA? Click here to enter text.

Adult References (Teachers)

|  |  |
| --- | --- |
| Name: Click here to enter text. | Telephone: Click here to enter text. |
| Name: Click here to enter text. | Telephone: Click here to enter text. |

Adult References (Personal)

|  |  |
| --- | --- |
| Name: Click here to enter text. | Telephone: Click here to enter text. |
| Name: Click here to enter text. | Telephone: Click here to enter text. |

I hereby apply for a position of Cadet in the South Sherman Fire & Rescue Fire Cadet Program. I further consent to and authorize South Sherman Fire & Rescue Fire Cadet Program to conduct a background investigation including, but not limited to, a juvenile and criminal history records check.

**Electronic Signature**

Applicant Last 4 Digits of

Last, First Middle Social Security Number Date

|  |  |  |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |

Parent/Legal Guardian Last 4 Digits of

Last, First Middle Social Security Number Date

|  |  |  |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |

Parent/Legal Guardian Last 4 Digits of

Last, First Middle Social Security Number Date

|  |  |  |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |

Program Witness name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**INFORMATION ON FOLLOWING**

**PAGES MUST BE HANDRWITTEN**

WAIVER OF LIABILITY, RELEASE OF CLAIM

AND INDEMNIFICATION

As consideration for being a member of the South Sherman Fire & Rescue Fire Cadet Program and thereby being permitted to engage in South Sherman Fire & Rescue Fire Cadet Program activities which further my child’s education and knowledge of fire service activities;

I the undersigned, hereby agree to indemnify and hold harmless South Sherman Fire & Rescue, its’ officials, employees and volunteers an a result of any injury to my child’s person or property which occur as a result of or during my child’s accompanying members of South Sherman Fire & Rescue Fire Cadet Program during their official duties, or during South Sherman Fire & Rescue Fire Cadet Program activities.

I further release and waive any and all claims and causes of action, including, but not limited to actions based on negligence, which may arise against South Sherman Fire & Rescue, its’ officials, employees and volunteers as a result of any injury to my child’s person or property which occur as a result of or during my child’s accompanying members of South Sherman Fire & Rescue during their official duties, or during South Sherman Fire & Rescue Fire Cadet Program activities.

I further agree for myself, my heirs, executors, administrators and assigns, to defend and indemnify the South Sherman Fire & Rescue, its’ officials, employees and volunteers their sureties against any and all actions, suits, debts, claims, demands, damages, liabilities or wrong acts or omissions of mine or my child’s while accompanying any South Sherman Fire & Rescue official, employee and volunteer, or while engaging in any South Sherman Fire & Rescue Fire Cadet Program Activity.

All parties signing below endorse the preceding three paragraphs as their own and represent that waiver of liability, release of claim and indemnification is entered into as a knowing and intelligent and pursuant to his or her free will.

Signature of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_\_

 (Day) (Month)

Witnessed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Parent/Guardian name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL RELEASE FORM

&

EMERGENCY CONTACT INFORMATION

I/We know of no health or fitness restrictions that preclude the participation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in the South Sherman Fire & Rescue Fire Cadet Program.

In the event of a serious illness or injury to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ while involved in this activity, I/We consent to emergency medical treatment, X-ray examination, anesthesia, medical or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the Emergency Medical Technician/Paramedic and the attending Physician, and is performed under the supervision of a member of the medical staff of the hospital furnishing the medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me/us will be attempted.

Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

EMERGENCY CONTACT NUMBERS

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

EMERGENCY CANTACT NUMBERS

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT**

IN ADDITION TO THIS INFORMATION, ALL APPLICANTS MUST PRESENT EVIDENCE OF A CURRENT PHYSICAL AND ATTACH IT TO THIS FORM.

**CONTRACT OF UNDERSTANDING**

I hereby represent that I have read carefully and understand the content of this document consisting of a cadet application form, waiver of liability, Medical release/emergency contact form and Photo release form and understand the content of these documents and sign same of my own free will.

Executed at \_\_\_\_\_\_\_\_\_\_\_\_\_, Oregon, On this \_\_\_\_\_ Day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_

 (Day) (Month)

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian initials: \_\_\_\_\_\_\_\_\_\_\_

As Parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I have read the attached forms as noted and agree to all the terms contained therein.

**Father/Legal Guardian Name**

|  |  |  |
| --- | --- | --- |
|  |  |  |

Last First Middle

**Address**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Street City State Zip

**Telephone E-Mail Address**

|  |  |
| --- | --- |
|  |  |

**Father/Legal Guardian Name**

|  |  |  |
| --- | --- | --- |
|  |  |  |

Last First Middle

**Address**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Street City State Zip

**Telephone E-Mail Address**

|  |  |
| --- | --- |
|  |  |

**Witness**

|  |  |  |
| --- | --- | --- |
|  |  |  |

Last First Middle

**Address**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Street City State Zip

**Telephone E-Mail Address**

|  |  |
| --- | --- |
|  |  |

**South Sherman Fire & Rescue**

**Fire Cadet Program**

**Image and Materials Release and License**

For good and valuable consideration herein acknowledged as received, I hereby grant to South Sherman Fire & Rescue Fire Cadet Program (Cadet Program), its legal representatives and assigns, and those acting with its authority and permission, the absolute right and permission to use, re-use, publish, and re-publish photographic portraits or pictures or videos of me and/or my child or in which my child may be included, in whole or in part, or composite or distorted in character or form, without restrictions to changes or alterations, made through any medium and in any and all media now or hereafter known.

I further grant the Cadet Program an irrevocable, royalty free, worldwide, all media license to use any material created by me or my child in conjunction with the activities of or in association with the Cadet Program. For purposes of illustration but not limitations in artwork, essays, evaluations, etc.

I hereby waive any right that I may have to inspect or approve the finished product or products that may be used in connection therewith or the use to which it may be applied. I understand and agree that no further consideration is due me or my child from the Cadet Program for the rights granted herein.

I hereby release, discharge, and agree to hold harmless the Cadet Program, its legal representatives and assigns, and all persons acting under its permission or authority or those for whom it is acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said pictures or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

I hereby warrant that I am of legal age and have the right to contract in my own name and on behalf of my child and that no additional permissions are required. I have read the above authorization, release, and agreement, prior to its execution, and I am fully familiar with the content thereof. This release shall be binding upon me and my heirs, spouse, my child’s other parents or guardians, legal representative, and assigns. The term “child” as used in this agreement shall be my natural born children, adopted children, or children for whom I am legal guardian or foster parent.

Parent/legal Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

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

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

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