

**Judson Fire Department
Cadet Firefighter Application**

Today's Date: _____

Applicant's Name: _____

Date of Birth: ____/____/____ (mm/dd/yyyy)

Driver's License Number and State (if you drive): _____ (Attach Copy)

Home Address: _____

City, St, ZIP: _____

Home Phone: _____ Cell Number: _____ (if any)

E-mail: _____

Alternate Address (if needed): _____

Alternate Phone: _____

PARENT / LEGAL GUARDIAN INFORMATION

Name(s): _____

Phone Home: _____

Work: _____

Cell: _____

Emergency Contact (if different):

Name: _____

Phone number: _____

Relation to you: _____

Are you related to a member of the Judson Fire Department? Yes No If so, who?

MEDICAL INFORMATION

Are you allergic to anything? NO YES (List Below)

Do you have any limitations (physical, medical, psychological) that could prevent you from performing the duties of a Cadet Firefighter? No Yes, explain

List any accommodations or adaptations you might need to perform your duties:

BACKGROUND INFORMATION

School Attending: _____

Grade Level: 10 11 12

Are you maintaining a 'C' average or better? **Yes** or **No** (Please attach a copy of your most recent report card.)

What experience do you have related to the fire service?

What interests you the most about becoming involved with Judson Fire Department? (use the back of this page if necessary)

Are you able to attend meetings and training on a regular basis (1st Tuesday Business meeting)? Yes No If not, why?

Have you ever been arrested, ticketed or fined? No Yes If so, list the date and charge:

(Felony convictions will prevent you from being a member of Judson Fire Department.)

WORK INFORMATION

Current Employer: _____

Address: _____

Phone: _____

Your position/title/duties: _____

Supervisor Name/Title: _____

May we contact your employer? Yes No

How many hours per week do you usually work when school is in session?

_____ when school is not in session? _____

REFERENCES

We would like to call at least two people who are not related to you and who have a definite knowledge of your qualifications for membership in the fire service. Do not repeat names listed above.

Friend, Co-worker, Friend of family, etc:

Name: _____

Phone: _____

Email: _____

Best time to contact them: _____

Teacher, school official, religious leader, etc:

Name: _____

Phone: _____

Email: _____

Best time to contact them: _____

PARENTAL CONSENT

My son/daughter _____ has my permission to be a Cadet Firefighter with Judson Metro Fire Department. I give my consent to allow them to be a Cadet Firefighter and do not hold the Judson Metro Fire Department responsible for any actions caused by my son/daughter that is not under the direction of an Officer. I and my son/daughter have read ALL of the Cadet Firefighter Guidelines and understand the guidelines set up to outline the purpose of the Cadet Firefighters. I and my son/daughter understand that Cadet Firefighters serve as supporters of the Judson Metro Fire Department to learn the basics of Firefighting/EMS and to gain insight on Firefighting as a career. I and my son/daughter understand that he/she is expected to be courteous and respectful of other members (Cadet and Regular) and to all citizens as they are representing the Judson Fire Department. I and my son/daughter understand there is a "zero tolerance" policy regarding drug and alcohol use. I and my son/daughter understand that by signing this application we are declaring that any violation of the guidelines is grounds for immediate dismissal.

X _____
Parent or guardian signature permission to participate Date

X _____
Cadet Firefighter Date