

Storm Lake Fire Department Fire Cadet Program Application

Please print using Black or Blue Ink.

Contact Information

Name _____ Phone Number _____

Address _____

Are you between the age 14 - 17 years old Yes _____ No _____

Email Address _____

Do you have your parent's permission to apply to be a Junior Firefighter? Yes _____ No _____

Parent/Guardian Name _____ Phone Number _____

Address _____

Emergency Contacts

Name _____ Phone Number _____

Name _____ Phone Number _____

Background Information (use another sheet of paper if more space needed)

Have you ever been arrested, ticketed, fined, etc? (Felonies, Traffic Tickets, Misdemeanors, etc)

Yes _____ No _____

a) If yes, please list the date(s) and what the charge(s) were/was:

(The SLFD will conduct a background check. A felony will prevent anyone from becoming a member of the SLFD)

Additional Information (use another sheet of paper if more space needed)

What interests you the most about becoming involved with the Storm Lake Fire Department?

Please list other activities, in detail, that you are involved in (Sports, Volunteer Work, Church, etc.):

Parental Consent

My child, _____, has my permission to be a Fire Cadet with the Storm Lake Fire Department. I give my consent to allow _____ to be a Fire Cadet and do not hold the Storm Lake Fire Department or the City of Storm Lake responsible for any actions caused by my child that is not under the direction of an Officer.

Fire Cadet Signature and Date

Parent/Guardian Signature and Date

Contract of Understanding

I and my child have read ALL of the Fire Cadet Guidelines and understand the guidelines set up to outline the purpose of the Fire Cadets. I and my child understand that Fire Cadets serve as supporters of the Storm Lake Firefighters to learn the basics of Firefighting and to prepare to become a full member at the age of 18. I and my child understand that Fire Cadets are to follow all instructions from members of the SLFD and that the general standard of conduct is to act in the manner of a professional. I and my child understand that he/she is expected to be courteous and respectful of other members and to all citizens as they are representing the Storm Lake Fire Department. I and my child understand there is a "zero tolerance" policy regarding drug and alcohol use. I and my child understand that by signing this Contract of Understanding we are declaring that any violation of the guidelines is grounds for immediate dismissal. I and my child understand that any acts that violate the guidelines and that are illegal by state law will be referred to the Storm Lake Police Department.

Fire Cadet Signature and Date

Parent/Guardian Signature and Date

Acknowledge Receipt of Guidelines

I acknowledge that I and my child have received a copy of the Storm Lake Fire Department Fire Cadet Program Guidelines and have reviewed them prior to signing these documents.

Fire Cadet Signature and Date

Parent/Guardian Signature and Date

I acknowledge that the above received a copy of the Storm Lake Fire Department Fire Cadet Program Guidelines.

Fire Chief/ or Cadet Advisor

Date