



Glassy Mountain Fire Department

Cadet Application

Referred By:

Name: Last				First	Middle	"Nickname"	Home Phone
Address			City	State	Zip	Alternate Phone	
Emergency Contact						Relationship	Phone
Date of Birth	E-mail			Social Security #		SC Driver's License	

Do you have your parent/guardian's permission to apply to be a Cadet? Yes No

Parent's Name	Relation	Phone Number
---------------	----------	--------------

EDUCATION

High School	Indicate Last Grade Completed 1 2 3 4
Address	

List course of study, extra curricular activities, clubs, honors, etc.

Please List other activities that you are involved in (sports, volunteer work, church, etc.)

MEDICAL INFORMATION

Doctor Name	Phone #
Address	Allergies

Special Medical Conditions

Have you ever been convicted of a crime, excluding traffic tickets? Yes No

If yes, please explain

Check when you might be available to answer fire calls: Days Evenings Nights Weekends

Firefighter, First Responder, EMT Training

Course/Training	Date of Training
Agency providing training	
Course/Training	Date of Training
Agency providing training	

What Interests you most about becoming a Cadet? _____

Parental Consent: My son/daughter, _____, has my permission to be a cadet with the Glassy Mountain Fire Service Area. With this consent, I shall not hold the Glassy Mountain Fire Service Area or its affiliates responsible for any actions caused by my son/daughter that are not under the direction of an Officer of the Department. I certify that the information recorded above is true and factual. I understand that, if accepted or hired as a member of the Glassy Mountain Fire Department, it will be for a probationary period of six months and I understand that my son/daughter may be released within the probationary period without cause. I agree to comply with the policies of the GMFD.

Memorandum of Understanding

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 Cadets. I and my son/daughter understand that Cadets serve as supporters of the Glassy Mountain Fire Service Area (GMFSA) to learn the basics of firefighting and to prepare to become a full member at the age of 18. I and my son/daughter understand that Cadets are to follow all instructions from members of the GMFSA and that the general standard of conduct is to act in the manner of a professional. I and my son/daughter understand that he/she is expected to be courteous and respectful of other members and to all citizens as they are representing the GMFSA. 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 Memorandum of Understanding we are declaring that any violation of the guidelines is grounds for immediate dismissal. I and my son/daughter understand that any acts that violate the guidelines and that are illegal by state law will be referred to the appropriate law enforcement agency.

Acknowledgement of Receipt of Guidelines

I acknowledge that I and my son/daughter have received a copy of the Glassy Mountain Fire Service Area Cadet Firefighter Program Guidelines and have reviewed them prior to signing these documents.

NOTE: DO NOT SIGN WITHOUT A NOTARY PUBLIC PRESENT

Cadent Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Printed Name: _____

State of _____

County of _____

On _____, 20____, _____ personally appeared before me,

Who is Personally known to me **OR** Whose identity I proved on the basis of _____

Notary Signature _____

Notary Printed Name _____

Notary Public (Seal)

My Commission Expires _____

PLEASE PROVIDE COPIES OF ANY CERTIFICATIONS, TRAINING CARDS/CERTIFICATES, AND DRIVER'S LICENSE.