

**CARY FIRE PROTECTION DISTRICT
CADET APPLICATION**

APPLICANT NAME _____ APPLICATION DATE ____/____/____

ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE # _____ EMAIL ADDRESS _____

AGE ____ DOB ____/____/____ CURRENT SCHOOL _____ GRADE ____

Parents/Legal Guardian Name _____ Phone # _____

In case of emergency, and Parents cannot be reached, who should be notified?

Name _____ Relationship _____ Phone # _____

Do you have any medical conditions or allergies that CFPD should be aware of? Yes ___ No ___

Please Describe:

Are you taking any medications that CFPD should be aware of? Yes ___ No ___

Please list medications:

Family Physician Name _____ Phone # _____

Do you currently participate in any extra- curricular activities with school or other organizations?

If yes, please list:

How did you hear about the Cary Fire Protection District Cadet Program?

Why do you want to participate in the Program?

What do you feel you could bring to the Program?

Cadets are required to attend training as part of the program. Training includes the once per month cadet meetings, every other Tuesday night training and other training dates. Do you believe you will be able to attend, at minimum, 50% of the training available?

Yes _____ No _____ Please Explain, if appropriate:

Applicant Signature: _____ Date: ____/____/____

Parent/ Legal Guardian Signature: _____ Date: ____/____/____

Acceptance By: _____ Date: ____/____/____
