



# Application for Seminole County EMS/Fire/Rescue Division Fire Rescue Cadet Post 1974

**For Seminole County EMS/Fire/Rescue Cadet Post use only; complete and submit to an Advisor**

## I. INFORMATION:

**DATE:** \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: **M** or **F**  
MM DD YY

Social Security # \_\_\_\_\_ DL# \_\_\_\_\_

Currently Enrolled in School? **Y** or **N** Graduated or GED? **Y** or **N**

School Name: \_\_\_\_\_

**Current** Grade Level? **8 9 10 11 12** College **1 2 3 4**

Parental Information (If under 18 years of age):

Mother's Name: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work/Cell Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

Previous Address (if less than 7 years at current address):

\_\_\_\_\_

Emergency Contact/Number: \_\_\_\_\_

**Applicant Medical History:**

Any significant medical problems: \_\_\_\_\_

Any allergies: \_\_\_\_\_

Any medications: \_\_\_\_\_

Other medical concerns: \_\_\_\_\_

*\*Background checks will be completed on any Cadet 18 years and older.*

**II. REFERENCE (work or school related):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

How did you hear about the Cadet program: \_\_\_\_\_

**III. SPECIAL INTERESTS:**

(Please list any organizations, sports, social, or community activities you have been involved with)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**PARENTS/GUARDIANS/APPLICANT:** Being involved in a Fire Rescue Cadet Program can be physically demanding at times and by signing below, you agree that this applicant can meet the health and physical fitness requirements of such activities.

\_\_\_\_\_  
**APPLICANT SIGNATURE** **Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE (if under 18 years of age)**

**Name of Applicant:** \_\_\_\_\_

**IV. QUESTION:**

Briefly tell us why you want to be a Fire Rescue Cadet?