



Cadet Firefighter Application

PLEASE Print this Application to fill it out. Then scan it and email to bdfdcadets@gmail.com or drop it off at the Beaver Dam Fire Department. 205 South Lincoln Ave

The Beaver Dam Fire Department is an equal opportunity employer and does not discriminate against any employee or applicant for employment based on race, color, religion, national origin, age, gender, sex, genetic information, sexual orientation, veteran status, or military status.

Date of Application _____

This information is for official use only and will not be released to any unauthorized person(s) nor will it be used to discriminate against any applicant. All questions must be answered, if applicable. Applications that are incomplete will not be considered.

Applicant Information

Name _____

Street Address _____

City, State, Zip _____

Phone _____ Email _____

Valid Driver's License Number (If Applicable) _____

Driver's License State of Issue _____

Educational Information

High School Name _____

High School City and State _____

Starting Date _____ Ending Date _____

Health Insurance (Required for Participation)

Provider _____

Group # _____ Member ID # _____

Provider Phone # _____

Employment or Volunteer Work

List chronologically, all employment, including summer and part-time employment. Please also include any volunteer, part-time, paid-on-call, cadet, Explorer, or intern firefighting/EMS experiences.

Name of Employer _____

Address of Employer _____

Start date _____ End Date _____

Position _____

Reason for Leaving? _____

Name of Employer _____

Address of Employer _____

Start date _____ End Date _____

Position _____

Reason for Leaving? _____

Name of Employer _____

Address of Employer _____

Start date _____ End Date _____

Position _____

Reason for Leaving? _____

Court Record

Have you ever been convicted of any crime or traffic offense (except parking violations)?

Yes No (circle one) If yes, please explain.

Additional Information

Is there any additional information not requested herein such as a medical condition or physical limitation which you believe relevant to your ability to perform or would restrict you from performing the duties and responsibilities of a Cadet Firefighter? Give details here.

References

List three references who are not relatives. One reference must be a teacher.

Reference _____

Reference's Occupation _____

References Employer _____

Reference's Phone Number _____ Number of Years Acquainted? _____

Reference _____

Reference's Occupation _____

References Employer _____

Reference's Phone Number _____ Number of Years Acquainted? _____

Reference _____

Reference's Occupation _____

References Employer _____

Reference's Phone Number _____ Number of Years Acquainted? _____

PARTICIPANT'S INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

Last, First, MI of Participant _____

Date of Birth _____

Address _____ City, State, Zip _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

I understand that all cadet appointments are probationary for a period during which I must demonstrate my fitness for continued participation. I further understand that any appointment tendered may be contingent upon the results of a complete character and fitness investigation and I am aware that withholding information or making false statements on this application will be basis for dismissal. I agree to these conditions, and I hereby certify that all statements made on this application are true and complete to the best of my knowledge.

I understand that participation in Fire Department activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from Beaver Dam Fire Department. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards listed in the Beaver Dam Fire Department Rules and Regulations. In case of an emergency, and I am over the age of 18, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication, otherwise my emergency contact will be contacted if I am under the age of 18.

I consent/agree to the Terms and Conditions*

Signature of Participant _____ Date _____

*Medical providers are authorized to disclose protected health information to the adult in charge and/ or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities. With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Beaver Dam Fire Department, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity. NOTE: The Beaver Dam Fire Department and Coordinators cannot continually monitor compliance of program participants, or any limitations imposed upon them by parents or medical providers.

ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN FOR PARTICIPATION IN THE BEAVER DAM CADET PROGRAM

Last, First, MI of Participant _____

I understand that participation in Fire Department activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from Beaver Dam Fire Department. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards listed in the Beaver Dam Fire Department Rules and Regulations. In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

I understand that all cadet appointments are probationary for a period during which I must demonstrate my fitness for continued participation. I further understand that any appointment tendered may be contingent upon the results of a complete character and fitness investigation and I am aware that withholding information or making false statements on this application will be basis for dismissal. I agree to these conditions, and I hereby certify that all statements made on this application are true and complete to the best of my knowledge.

List of Any Restrictions

List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

I consent/Agree to the Terms and Conditions* (Parent or guardian)

Signature of Parent or Guardian _____ Date _____

Parent or Guardian Email _____

Parent or Guardian Phone Number _____

*Medical providers are authorized to disclose protected health information to the adult in charge and/ or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities. With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Beaver Dam Fire Department, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity. NOTE: The Beaver Dam Fire Department and Coordinators cannot continually monitor compliance of program participants, or any limitations imposed upon them by parents or medical providers.