



SIDNEY VOLUNTEER FIRE DEPARTMENT

APPLICATION FOR CADET PROGRAM

Name: _____ Mailing Address: _____

Age: _____ Birthdate: _____ Phone Number: _____

Parent/Guardian: _____ Phone Number: _____

Address: _____ Work Telephone: _____

Do you presently live with the above named parents or guardians? Yes No

Do you have a valid Nebraska drivers license? Yes No

Drivers License Number: _____ State: _____

To the applicant:

- To ensure high academic standards, you must provide a copy of your last grading period's report. Please attach a copy to the last page of this application.
- You must obtain the signature of your parent/guardian to give you permission to apply for membership. Said signature may be documented in the appropriate location below.
- Further, you must obtain the signature of your school principal, or representative, verifying that you are a student currently good standing (both academically and behaviorally) at your school. Said signature may be documented in the appropriate location below.

To the parents/guardians of the applicant:

- As a Cadet of the Sidney Volunteer Fire Department, your son or daughter will be expected to adhere to the membership requirements, policies, procedures, and guidelines set forth in the Cadet Handbook. Cadets are expected to treat other members and officers with respect, follow directions, and maintain high academic standards. Cadets will not be responding to department emergent events.
- The organization makes every effort to prevent Cadets from being exposed to sights, sounds, or situations that may be disturbing to them; however, as emergency services workers, your son or daughter may occasionally see traumatic illnesses, injuries, or circumstances during training sessions, ex. Training videos, pictures, etc.... We welcome parental input and participation. If you have concerns, questions, or reservations, please do not hesitate to contact us.
- This program teaches young adults about the fire and medical emergency field. Cadets will participate in training and emergency response under direct supervision of senior fire officials and will not be placed directly into a hazardous condition or atmosphere.
- This program is meant to empower Cadets to volunteer and learn about helping their community and giving back.
- By signing this application, you allow your child to participate in the Sidney Volunteer Fire Department Cadet Program. Your signature waives the right to hold the Sidney Volunteer Fire Department, its members, City of Sidney, and Sidney Rural Fire District #1 liable for any injuries or illness.

After reading the above information, I hereby give permission _____ to apply for Cadet volunteer service.

Signature of Parent/Guardian: _____ Date: _____

To the principal or school representative:

- This student has made an application for volunteer service with the Sidney Volunteer Fire Department as a Cadet. This organization requires that Cadets who have not yet graduated from high school are students in good standing both academically and behaviorally. If approved for membership, he/she will be required to maintain a minimum 2.0 grade point average (GPA) and passing grades in all subjects during each grading period.
- Your signature below verifies that the applicant is a student at your school and is currently meeting the standards as stated above. It also grants us to check the students' grades to make sure they are maintaining a 2.0 GPA. If you have questions or concerns, please do not hesitate to contact us.

Signature of Principal/Representative _____ Date: _____

I, _____, hereby make an application to become a member of the Sidney volunteer fire department and if elected promise to abide by the rules, regulations and by-laws of the department to the best of my ability. I hereby certify that this application is complete to the best of my knowledge and all information given is true and contains no misrepresentation am aware all statements submitted on this application are subject to investigation and verification. I understand that any withholding of information, misrepresentation, or falsification of statements on this application could result in rejection of volunteer service with Sidney Volunteer Fire Department.

X, _____
(This form requires the personal signature of the party making application)

Date: ____/____/____.MM/DD/YYYY

Received by Secretary-Secretary's Initials: _____ Date: _____

Approved by Cadet Advisors Advisor's Initials _____ Date _____

Equipment disbursed:
