MEMBER APPLICATION MARION FIRE CADET PROGRAM

LAST	FIRST	MI	
STREET:	CITY:	_ STATE: ZIP:	
DOB:// PHONE:	REFERRE	D BY:	
PARENTS NAME:			
PARENTS PHONE NUMBER:			
REFERENCES: #1 NAME:	ADDRI	ESS:	
#2 NAME:	ADDRESS:		
DATE:			
REASON FOR JOINING:			
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CONSENT FORM MARION FIRE CADET PROGRAM MARION, KANSAS

I ________ hereby give my consent, that upon the approval of the Marion Fire Parent/guardian

Department. ______ may belong to the Marion Fire Cadet Program. I do hereby *Cadet's name*

understand and acknowledge that cadets will be involved in active firefighting activities and training. I also understand that there are limitations to the firefighting activities cadets will be allowed to participate in.

I hereby understand Marion Fire Department will not be responsible for any actions that a cadet may commit unless he or she is at a fire scene, at the fire station, or under direct command of fire department personnel.

Parent/Guardian Signature:	Date:
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FIREFIGHTING CONSENT FORM MARION FIRE CADET PROGRAM MARION, KANSAS

I do hereby certify that I have read and understand and consent to the following:

Cadets of the Marion Fire Cadet Program will not be allowed to drive fire department vehicles in an emergency situation. No cadet will ever be allowed to enter a burning structure, also cadets will maintain a safe distance from a burning structure.

Cadets will not be allowed on fire trucks fighting head fires at a ground cover fire. They will be allowed on trucks doing the mop-up and on small ground cover fires under direct supervision by a senior volunteer firefighter.

The cadet's responsibility will be of a support nature.

Cadets will be allowed to participate in department training sessions and will be allowed to help with maintenance of fire trucks, equipment, and department facilities.

Cadet's Signature:	Date:
Parent/Guardian Signature:	Date:
Fire Chief:	Date:
Cadet Commander:	Date:
Director:	Date:
Director:	Date:

SCHOOL RELEASE FORM MARION FIRE CADET PROGRAM MARION, KANSAS

I Parent/guardian	hereby give my consent and permissi	on that in an emergency situation
Student's name	may be released from school to assist	at a fire scene with the Marion
Fire Department under the stipula	tion that all school work missed will b	be made up.
Parent/Guardian Signature:		Date:
Principal's Signature:		Date: