#### 1

# HOT SPRINGS VILLAGE FIRE DEPARTMENT CADET FIREFIGHTER APPLICATION

Date:				
Applicant's Name:				
Date of Birth:/				
Driver's License Number:				
Home Address:				
Home Phone: Cell Phone:				
Email Address:				
Parent/Guardian Information				
Parents Name:				
Parents Home Phone: Cell Phone:				
Work Phone:				
Emergency Contact (If different than parents)				
Name:				
Relation to You:				
Contact Phone Numbers:				
Are you related to any member of the Hot Springs Village Fire Department? Yes No				
If yes, please list the name.				
Medical Information				
Doctor's Name and Phone:				
Are you on any medications? Yes No If yes, list below.				

Do you have allergies? Yes No If yes, please list below.		
Do you have any limitations that could prevent you from performing the duties of a Cadet Firefighter? Yes No If yes, please explain below.		
Background Information		
School attending?		
Grade? 9 10 11 12		
Do you have at least a 2.0 grade point average? Yes No		
Do you have any experience related to the fire department or emergency service?		
What interests you in becoming a cadet with the Hot Springs Village Fire Department? Use separate paper if needed.		
Are you able to attend Cadet training on Monday evenings? Yes No		
Have you ever been arrested, ticketed, or fined? Please explain any.		

### **Work Information**

Current Employer:			
Employer Address:			
Employer Phone Number:			
Your position/title/duties at your job?			
Supervisor's Name/Title:			
Can we contact your employer? Yes No If yes, number to contact:			
How many hours a week do you work?			
Please list any sports or school activities you are involved in:			
References			
We would like to call at least 2 references who are not releated to you and have a good knowledge of your abilities to be a cadet firefighter.			
Friend, Co-Worker			
Name:			
Contact Phone Number:			
Best time to contact:			
Teacher, School Official, Religious Leader			
Name:			
Contact Number: Rest time to contact:			

#### **Conduct Agreement**

I do hereby promise to adhere to and abide by the rules and regulations of the Hot Springs Village Fire Department and the Cadet Firefighter Program. I understand that I am not to show up to any fire department function under the influence of drugs and alcohol. I understand that it is the right of the Hot Springs Village Fire Department to terminate the Cadet Firefighter Program at any time for any reason. At any time I am voluntary or involuntary terminated from the program; I will return all equipment in a timely manner.

me program; i win return an equipment in a time	ry manner.
Cadet Applicant Signature (Print and Sign)	Date
Parental	Consent
My son/daughter the Hot Springs Village Fire Department Cadet F not hold the Hot Springs Village Fire Department Association responsible for any actions caused by of the Hot Springs Village Fire Department.	t or the Hot Springs Village Property Owners'
I and my son/daughter have read all of the Cadet that apply to the Cadet Firefighter Program. I and Firefighters are to follow all instructions from me Department and that the general standard of cond and my son/daughter understand that he/she is excadets and firefighters and to the citizens as they Department. I and my son/daughter understand that alcohol use. I give permission to the Hot Springs background checks required for this application. This application we are declaring that any violation dismissal. I and my son/daughter understand that allegal by state law will be referred to local law entitlegal by state law will be referre	d my son/daughter understand that Cadet embers of the Hot Springs Village Fire luct is to act in the manner of a professional. I pected to be courteous and respectful to other are representing the Hot Springs Village Fire he zero tolerance policy regarding drug and s Village Fire Department to conduct any I and my son/daughter understand that signing ons of the guidelines are grounds for immediate t any acts that violate the guidelines and are
XParent or Legal Guardian Print and Sign	Date
X	
Fire Department Witness	Date

### **General Release**

I/We,	and	, as parent or legal guardian
for and also havi	ng legal custody of	, a minor do hereby give
my/our full and	unconditional consent for the min	or to participate in the Hot Springs Village Fire
Department Cad	et Firefighter Program. I/We and	our assigns, successors, heirs, executors and
administrators fo	or and in consideration of the min	or's admission into the Hot Springs Village
Fire Department	Cadet Firefighter Program and the	ne training received therein, do hereby remise,
release and forev	ver discharge Hot Springs Village	Fire Department and Hot Springs Village
Property Owners	s' Association, it's members and	officers, of and from all, and all manner of,
liability, actions	and causes of action, suits, debts.	, dues, accounts, bonds, covenants, contracts,
agreements, judg	gments, claims and demands what	tsoever in law or equity related to his/her
participation in t	he Hot Springs Village Fire Depa	artment Cadet Firefighter Program.
IN WITNESS W	HEREOF, each party hereby sets	s their hand this day
of	, 20	
Witness:		
		Parent or legal guardian
Witness:		
		HSVFD witness

#### **Photo Release**

I hereby grant the Hot Springs Village Fire Department permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become property of the Hot Springs Village Fire Department and will not be returned. I hereby irrevocably authorize the Hot Springs Village Fire Department to edit, alter, copy, exhibit, publish or distribute any photos for purposes of publicizing the Hot Springs Village Fire Department's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of any photographs. I hereby hold harmless and release and forever discharge the Hot Springs Village Fire Department from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf have or may have by reason of this authorization.

Signature	Date
Print Name	
If the person signing is under age 18, th guardian, as follows:	ere must be consent by a parent or
I hereby certify that I am the parent or g named above, and do hereby give my co foregoing on behalf of this person.	
Parent/Guardian Signature	Date
Parent/Guardian's Printed Name	