



# MEADOW LAKE FIRE DEPARTMENT

## Application for Cadet Program

*Please print clearly*

### Applicant Information:

Name:
Address:
Email:
Cellphone Number:
Date of Birth:

### Parent/Guardian Information:

Name:
Address:
Email:
Cellphone Number:

1. Are you currently a high school student between the ages of 15 and 18?  YES  NO
2. Are you able to commit to practice Wednesday nights from 7:00pm to 9:00pm?  YES  NO
3. Do you have access to a device suitable for completing online coursework?  YES  NO
4. What inspired you to pursue the Cadet Program and a future in becoming a firefighter?

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### **Office use only**

Reviewed by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Circle one: *ACCEPTED* / *REJECTED*      Signature: \_\_\_\_\_

Rejection reason: \_\_\_\_\_



## MEADOW LAKE FIRE DEPARTMENT

# Cadet Program – Parental Consent Form

I confirm that I, \_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_.

I hereby consent to the above child participating in the Meadow Lake Fire Department Cadet Program. I understand that this program may involve physical activity, training in emergency services, participation in drills, and exposure to simulated emergency situations under the supervision of trained personnel.

### I understand and agree to the following that:

1. My child will be expected to adhere to all safety guidelines and conduct policies set forth by the Meadow Lake Fire Department.
2. My child may be transported in department vehicles for program-related activities.
3. In case of illness or injury, I authorize the Fire Department personnel to secure emergency medical care for my child if I cannot be reached.
4. I understand that participation in this program involves some level of physical risk, and I release and hold harmless the Meadow Lake Fire Department, its staff, and associated personnel from any liability or claims arising from my child's participation.
5. I understand that my child's continued participation is at the discretion of the program coordinators and can be terminated if rules or guidelines are violated.

**Does the above child have any allergies, medical conditions, or medications we should be aware of?**

No

Yes – Please describe: \_\_\_\_\_

### Emergency Contact Information:

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

Relationship to Cadet: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**By signing below, I acknowledge that I have read and understood this consent form and agree to the terms outlined above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date