



FIRE CADET PROGRAM PARENT / LEGAL GUARDIAN PERMISSION FORM

This form must be completed and submitted with all Fire Cadet Applications.

I hereby certify that I am the Parent or Legal Guardian of the named individual and that the date of birth listed for the named individual is correct. I have attended a Fire Cadet Orientation Program and understand, as a member of the Fire Cadet Program, my child will be trained in the techniques of fire fighting, may participate in the social and parade activities of the department, and in such other duties as directed by the fire fighters and officers.

I further understand that as a member of the Fire Cadet Program, my child shall comply with requirements set forth in the attached Town of Farmington Fire Department Directive #22, *Fire Cadet Program*, as well as all other policies and procedures governing the operations of the Fire Department.

I fully understand the nature of the activities in which Fire Cadets will be engaged and the individual has my permission to engage therein, including that, in rare instances, Cadets may be requested to assist with situations in other towns. I hereby agree to hold harmless the Town of Farmington and the Town of Farmington Fire Department, and their officers with respect to any injury to property or self sustained by such individual.

Name of Fire Cadet Applicant: _____
(Last) (First) (Middle)

Fire Cadet Applicant Date of Birth: _____
(Month) (Day) (Year)

Name of Parent or Legal Guardian: _____

Address of Parent or Legal Guardian: _____

Phone Number of Parent or Legal Guardian: _____

Email Address of Parent or Legal Guardian: _____

Signature: _____ Date: _____
(Parent or Legal Guardian)

OFFICE USE ONLY	
REC	_____
DRV	_____
PHY	_____
PRTS	_____

APPLICATION FOR MEMBERSHIP AS A VOLUNTEER FIREFIGHTER CADET WITH THE TOWN OF FARMINGTON FIRE DEPARTMENT

The Town of Farmington Fire Department is dedicated to a policy of nondiscrimination in employment and volunteer membership on any basis prohibited by law. Volunteer membership in the Town of Farmington Fire Department is available without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

PERSONAL INFORMATION

<i>Applicant's name (last, first, middle)</i>			
STREET ADDRESS	CITY/TOWN	STATE/ZIP	HOW LONG?
TELEPHONE NUMBER (HOME)		Email Address	

GENERAL INFORMATION

Station applied to: _____

Are there any days or times you would be unavailable to participate as a volunteer firefighter cadet? _____

On what date would you be available to start? _____

Are you related by blood or marriage to any employee or elected official of the Town of Farmington? Yes ___ No ___
If yes, please name: _____

Length of Service: _____

Have you ever been denied membership to an Emergency Service, either paid or volunteer? ___ Yes ___ No ___

If yes, explain: _____

EDUCATION

LEVEL	SCHOOL NAME AND ADDRESS	YEARS COMPLETED	DIPLOMA/ DEGREE?
Junior High		6 7 8	
High School		9 10 11 12	

Have you previously been a member of a fire department? Yes ___ No ___ If yes, complete the following:

Name of Department: _____ Address: _____

Name of Chief: _____ Telephone: _____

Position: _____ Reason for Leaving: _____

List all certifications (including First Aid, CPR, EMT with expiration dates), trainings, licenses, special skills, courses of study or any additional information that you feel may be helpful to us in considering your application. Use additional pages if necessary.

REFERENCES

Give the names of three persons not related to you whom you have known at least one year.

1.

Name	Address	Phone	Relationship
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2.

Name	Address	Phone	Relationship
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3.

Name	Address	Phone	Relationship
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IN CASE OF EMERGENCY PLEASE NOTIFY:

Name	Address	Phone	Relationship
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TOWN OF FARMINGTON FIRE DEPARTMENT

TOWN OF FARMINGTON FIRE DEPARTMENT VOLUNTEER FIRE FIGHTER CADET APPLICANT CHECKLIST

Items 1-9 shall be attached and / or verified by the Cadet Coordinator and Fire Chief before an application is sent to the Director of Fire & Rescue Services.

NAME OF FIRE FIGHTER CADET APPLICANT: _____

CONTACT PHONE NUMBER: _____

FIRE STATION: EF F / OG TH/SW

INITIAL WHEN VERIFIED OR ATTACHED	REQUIREMENT	COMMENTS
FOR CADET COORDINATOR AND FIRE CHIEF USE		
	1. 14-17 years of age.	
	2. Enrolled in school.	
	3. Lives in town or within 5 miles of the fire station to which the cadet will respond.	
	4. Parent and Cadet completed Orientation	
	5. Signed Parent Permission Form	
	6. Completed application	
	7. Completed Pre-Membership Drug Testing Authorization	
	8. Application approved by the Cadet Coordinator	
	9. Application signed and dated by the Fire Chief.	
FOR USE BY DIRECTOR OF FIRE & RESCUE SERVICES		
	10. Application reviewed by the Director of Fire & Rescue Services for items 1-9 and approved for processing by the Town Manager's Office	
FOR TOWN MANAGER'S OFFICE USE		
	11. Drug Test scheduled	
	12. Appointment Letter sent	

TOWN OF FARMINGTON FIRE DEPARTMENT

FIRE CADET APPARATUS CLEARANCE FORM

Cadet:					
Apparatus:					
Date:	<i>Pass</i>	<i>Fail</i>			
Hand Tools:				Fire Extinguishers:	
Halligan Bar:				Dry Chemical:	
Flat Head Axe:				Water:	
Pick Head Axe:				Carbon Dioxide:	
Pike Pole:				Class D (Metal X, etc):	
Pry Bar:				Other:	
Closet Hook:					
Glass Master:				Miscellaneous:	
Shovel:				Speedi-Dri:	
Bolt Cutters:				Cribbing:	
Tool Box:				First Aid Equipment:	
"K"-tool:				Portable Lighting:	
				Electrical Cords/Cord Reel:	
Power Tools: (Identify only – not permitted to operate!)	<i>Pass</i>	<i>Fail</i>		Flashlights:	
Reciprocating Saw:				Chimney Chain:	
Chain Saw:				Ash Can:	
Ventilation Saws:				Blanket:	
Hydraulic Extrication Tools:				Salvage Covers/Tarps:	
Water Evacuation Equipment:				Ventilation Fans:	
Thermal Imaging Camera:				Ropes:	
Gas Meter:				Foam Applicators:	
Heat Detector:				Spare Air Bottles:	
Generator:				Lifestar Landing Strobe:	
Fuel cans for applicable tools:					

TOWN OF FARMINGTON FIRE DEPARTMENT

FIRE CADET APPARATUS CLEARANCE FORM CONTINUED

Tasks:

Cadet must perform tasks to satisfaction of evaluator:		
Explain:		
Setup SCBA changing station		
Roles of apparatus operator		
Roles of apparatus officer		
Perform:		
Change SCBA air bottle:		
Setup portable lighting:		

Cadet _____ has demonstrated sufficient knowledge of _____ and is cleared to ride this apparatus to emergency calls. It is understood cadets are to give up their seat on the apparatus if a firefighter or the officer of the apparatus tells them to do so.

Printed Name of Evaluator

Evaluator Signature

Date

Printed Name of Cadet

Cadet Signature

Date

_____ [] Approved [] Denied
Signature of Fire Chief

Date

TOWN OF FARMINGTON FIRE DEPARTMENT
FIRE CADET ACTIVITY PERMISSION SLIP

In consideration for participation in the Town of Farmington Fire Department Fire

Cadet Program, I (Name of Cadet) _____

and (Name of Parent or Legal Guardian)_____

Do hereby release and forever discharge the Town of Farmington Fire Department, the Town of Farmington, Connecticut, and all employees and members of each of the foregoing, acting officially or otherwise, from any and all claims, demands, action, or accusations of action on account of the death or injury to any Cadet which may occur by action or omission by said Cadet, the Town of Farmington Fire Department, the Town of Farmington, Connecticut and any employees or members.

The above listed Cadet has my permission to attend:

Name of Cadet Activity	Cadet Activity Location	Date (s) of Activity
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Signed (Parent or Legal Guardian)_____

Name (Printed) of Parent or Legal Guardian:_____

Date:_____

TOWN OF FARMINGTON FIRE DEPARTMENT



PRE-EMPLOYMENT CHECKS AND TESTING

Equal Opportunity Employer

TOWN OF FARMINGTON
TOWN MANAGER'S OFFICE
1 MONTEITH DRIVE
FARMINGTON, CT 06032-1053

Background Check: Fire Fighters Involved with the Cadet Program

By signing below, I do hereby give my permission and authorization for the Town of Farmington to conduct a background check. The information obtained will be used to determine whether I will be authorized to be involved with the Town of Farmington Fire Cadet Program. This release and authorization shall remain in effect during the term of my involvement with the Town of Farmington Fire Cadet Program. The Town of Farmington reserves the right to run subsequent checks on an as needed basis.

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Signature	Date
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Full Name	Date of Birth
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Driver's License Number	State of Issue
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Current Resident Address	