

**SEALY VOLUNTEER FIRE DEPARTMENT
CADET PROGRAM
APPLICATION FOR MEMBERSHIP**

Name: _____
Last First Middle

Physical Address: _____
Street City, State Zip Code

Mailing Address: _____
Street City, State Zip Code

How long have you lived at your present address _____
Years Months

Telephone Number (____) _____ **Other** (____) _____

Pager Number: _____

Social Security Number: _____

Date of Birth: _____
Month Day Year

Sex Male ____ Female ____ **Blood Type** _____

Have you had a major illness or injury in the last two years? Yes ____ No ____

If yea please describe illness / injury: _____

Do you have any medical condition that would prevent you from carrying out the duties and responsibilities of the position for which you are applying?

Yes ____ No ____ **if yes pleas describe:**

**SEALY VOLUNTEER FIRE DEPARTMENT
CADET PROGRAM
APPLICATION FOR MEMBERSHIP**

Have you ever filed an application with us before? Yes _____ No _____

In case of Emergency, Notify: _____
Name

Address Phone Numbers Relationship

Name

Address Phone Numbers Relationship

Personal Physician: _____
Name Address Phone Number

School currently attending: _____

Circle current grade level 9 10 11 12

List Two (2) School Instructors we can contact for reference:

Name Department School Phone Number

Name Department School Phone Number

Do you know anyone currently serving in the Sealy Volunteer Fire Department?
Yes _____ No _____

If Yes Who : _____

**SEALY VOLUNTEER FIRE DEPARTMENT
CADET PROGRAM
APPLICATION FOR MEMBERSHIP**

Why do you want to join the Sealy Volunteer Fire Department Cadet Program?

APPLICANT'S STATEMENT

I hereby authorize the Sealy Volunteer Fire Department to make any investigation of my personal history, medical, and background through any investigative agencies or other means the Sealy Volunteer Fire Department chooses to use.

I hereby certify that all statements made on this application are true, correct and complete to the best of knowledge and belief. Any misrepresentation, inaccuracy, or omission I have made on this application may be cause for Sealy Volunteer Fire Department to either negate this application or terminate my membership at anytime in the future.

In making this application for membership, I hereby authorize the Sealy Volunteer Fire Department to make an investigation whereby information may be obtained through oral or written contact with my neighbors, friends, teachers, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I hereby release from liability the Sealy Volunteer Fire Department, the employees, corporations or organizations furnishing said information, as well as any other persons the Sealy Volunteer Fire Department may contact.

Signature of Applicant: _____ **Date:** _____

Parents or Guardians Signature: _____

Date: _____ **Relationship:** _____

**SEALY VOLUNTEER FIRE DEPARTMENT
CADET PROGRAM
APPLICATION FOR MEMBERSHIP**

Parents or Guardians Signature: _____

Date: _____ **Relationship:** _____

_____ **FIRE DEPARTMENT USE ONLY** _____

Date application accepted: _____ **Fire Chief Signature:** _____

Date application Rejected: _____ **Cadet Advisor Signature:** _____

IF REJECTED PLEASE WRITE COMMENTS / REASONS BELOW

**SEALY VOLUNTEER FIRE DEPARTMENT
CADET PROGRAM
APPLICATION FOR MEMBERSHIP**

**PARENTS CONSENT TO PARTICIPATION OF MINOR IN THE ACTIVITIES
OF THE SEALY VOLUNTEER FIRE DEPARTMENT**

**THE STATE OF TEXAS)
COUNTY OF AUSTIN)**

KNOW ALL MEN BY THE PRESENTS:

That we, the undersigned, are the legal (parents) (guardians)

of _____, a minor.

That whereas the said minor desires to participate in the firefighting, rescue, and all other activities of the Sealy Volunteer Fire Department, a volunteer association, we the undersigned, for and consideration of the said volunteer association allowing said minor to participate in any of the activities have consented and do hereby unqualifiedly consent to, agree to and request, the participation of the said minor in any or all of the activities of said volunteer association.

That we, the undersigned, fully realize that there are many risks and dangers of bodily injury or death associated with the activities of the said volunteer association.

Premises considered, we, the undersigned do hereby covenant, promise and agree to waive any and all claim or claims or cause of action and further agree to hold harmless and indemnify the said volunteer association, its officers, directors, members, agents, or sponsoring organization, governmental subdivision arising or accruing out of or incidental to the participation of said minor in any of the activities or functions of said volunteer association.

**SEALY VOLUNTEER FIRE DEPARTMENT
CADET PROGRAM
APPLICATION FOR MEMBERSHIP**

EXECUTED THIS _____ DAY OF _____, A.D _____

Parents or Guardians: _____
Signature Address

Signature Address

**THE STATE OF TEXAS)
COUNTY OF AUSTIN)**

BEFORE ME, the undersigned authority, on this day personally appeared

_____ and _____
Known to me to be the persons whose names are subscribed to the foregoing instrument of writing, and acknowledge to me that they executed the said instrument for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, This the _____ day of

_____, _____

Notary Public, County of Austin, State of Texas

Notary Seal: _____

**SEALY VOLUNTEER FIRE DEPARTMENT
CADET PROGRAM
APPLICATION FOR MEMBERSHIP**

MEDICAL STATEMENT

This is to certify that I, _____, have read and understand the duties and responsibilities of the position for which I am applying with the Sealy Volunteer Fire Department, and I hereby certify that I am physically and mentally capable of performing the duties and responsibilities required of this position.

I agree to hold harmless forever the Sealy Volunteer Fire Department, its Board of Directors, its Members, its Officers, the Commissioners of Emergency Services District # 2, and any agents, employees or persons who may act either in an official capacity representing the aforementioned entities or who may act in a personal capacity, from any lawsuit, civil, or criminal action, arising out of any medical condition, either physical or mental, that I may have had, whether successfully treated or not, before my acceptance as a member of the Sealy Volunteer Fire Department.

Signed,

_____ **Date** _____
Applicant's Signature

_____ **Date** _____
Notary Public Signature

Notary Seal: _____