

OFFICE USE ONLY	
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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?
		6	7	8		
Junior High						
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
------	---------	-------	--------------
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 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. Application approved by the Cadet Coordinator	
	8. Application signed and dated by the Fire Chief.	
FOR USE BY DIRECTOR OF FIRE & RESCUE SERVICES		
	9. 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		
	10. Appointment Letter sent	

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)



TOWN MANAGER'S OFFICE
1 MONTEITH DRIVE
PRE-EMPLOYMENT CHECKS AND TESTING
Equal Opportunity Employer

TOWN OF FARMINGTON
FARMINGTON, CT 06032-1053

Background Check:

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.

Signature _____ Date _____

Full Name _____ Date of Birth _____

Driver's License Number _____ State of Issue _____

Current Resident Address _____



Cadet Firefighter Program Image and Materials Release & License

For good and valuable consideration herein acknowledged as received, I hereby grant to the Town of Farmington Fire Department and those acting with its authority and permission, the absolute right and permission to use, re-use, publish, and re-publish photographic portraits or pictures or videos of me and/or my child or in which I or my child may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations, made through any medium and in any and all media now or hereafter known. For purposes of illustration but not limitations in print materials, NJFP promotions and/or advertisements, public service announcements, public presentations, online, public displays, internal uses, art, trade, or any other purpose whatsoever. Additionally, if recorded my or my child's voice may be used in conjunction with any other permitted use set forth in this agreement. I understand that my child's name may be used in any publication; and my child's school name, grade level, and/or age may also be used.

I further grant the Town of Farmington Fire Department an irrevocable, royalty free, worldwide, all media license to use any material created by me or my child in conjunction with the activities of or in association with the Town of Farmington Fire Department. For purposes of illustration but not limitations in artworks, essays, evaluations, etc.

I hereby waive any right that I may have to inspect or approve the finished product or products that may be used in connection therewith or the use to which it may be applied. I understand and agree that no further consideration is due me or my child from NJFP for the rights granted herein.

I hereby release, discharge, and agree to hold harmless the Town of Farmington Fire Department, its legal representatives and assigns, and all persons acting under its permission or authority or those for whom it is acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether

intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

I hereby warrant that I am of legal age and have the right to contract in my own name and on behalf of my child. That no additional permissions are required. I have read the above authorization, release, and agreement, prior to its execution, and I am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, spouse, my child's other parents or guardians, legal representatives, and assigns. The term "Child" as used in this agreement shall be my natural born children, adopted children, or children for which I am legal guardian or foster parent.

Parent/Legal Guardian Signature: _____ Date: _____

Print Name: _____

Child's Name: _____

Grade _____ Age _____