



# Alachua County Fire Rescue Cadets Membership Application



Directions: This application contains the following eight documents to be completed in blue or black ink:

1. Personal Information;
2. Criminal & School History: Be honest- we check;
3. References;
4. Authorization for Medical Treatment;
5. Emergency Notifications;
6. Release of Civil Liability;
7. Statement of Confidentiality; and
8. Talent Release.
9. 500 word essay on why you want to be a firefighter and your future goals
10. Copies on your current transcript/report card
11. Copies of your birth certificate, social security card, photo ID and parents/guardians driver's license
12. Copy of most recent sports physical (must be within 1 year of application date)

**The applicant and the applicant's parent or guardian (if the applicant is under eighteen years of age) must sign the pages for References, Authorization for Medical Treatment, Release of Civil Liability, Statement of Confidentiality, and Talent Release in the presence of a Notary. The notary must stamp these pages.**

## PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Mobile: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

School: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Number: ( \_\_\_\_ ) \_\_\_\_- \_\_\_\_



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## CRIMINAL AND SCHOOL HISTORY

Have you ever been suspended or expelled from any school?

☐ No

☐ Yes, Explain in detail:

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Have you ever sold or consumed any illegal drugs?

☐ No

☐ Yes, Explain in detail (what type of drug, how much was used, when was the last time the drug was used):

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Have you ever been arrested or charged with ANY crime EVER?

☐ No

☐ Yes, explain in detail (the charge, final court disposition, arresting police department, case number, and court case number):

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## REFERENCES

Please list three references, other than relatives, that you have known for at least two years. This is to determine your character, experience, personality, and other qualities.

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

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Your acceptance as a member of the Alachua County Fire Rescue Cadet Program is based on your *accurate completion* of this application, criminal history, and overall good character. *Membership is a privilege, not a right.*

I affirm that this application contains no misrepresentations, falsifications, omission, or concealment of material fact. I also affirm that the information given by me is true and complete to the best of my knowledge. I am aware that any falsifications will terminate my application for membership in the Alachua County Fire Rescue Cadets.

\_\_\_\_\_  
Signature Of Applicant

\_\_\_\_\_  
Parent or Guardian if under 18

State of \_\_\_\_\_  
County of \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_  
If Notary, Stamp required



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## Authorization For Medical Treatment

I, \_\_\_\_\_ as the legal parent / guardian of \_\_\_\_\_ do hereby request and authorize Alachua County, Alachua County Fire Rescue, or the Alachua County Fire Rescue Cadets to notify the following persons in the event of an illness, injury, or emergency. If the listed persons cannot be reached or if the minor child listed above requires immediate medical treatment, I hereby request and authorize Alachua County, the Alachua County Fire Rescue, their employees and Alachua County Fire Rescue Cadets to seek immediate medical treatment and to transport or seek transportation by ambulance if necessary, of said minor child to a medical facility for any treatment deemed to be medically necessary for the health, safety, or welfare of the child.

I hereby agree to indemnify, save and hold harmless Alachua County, Alachua County Fire Rescue, the Alachua County Fire Rescue Cadets, employees, agents or assignees from any and all rights, actions, claim, causes of action, suits, losses, damages, judgments, claims, cost, or expense of any kind as well as attorney's fees on appeal, which may result from or occur as a result of or in connection with the participation of the previously listed child in any program sponsored by or promoted by Alachua County, Alachua County Fire Rescue or the Alachua County Fire Rescue Cadets. I additionally agree to be responsible for any cost associated with or resulting from said medical treatment and transportation.

\_\_\_\_\_  
Signature Of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian if under 18

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

State of \_\_\_\_\_  
County of \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_  
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## EMERGENCY NOTIFICATIONS

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

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Other Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Other Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Other Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Local Hospital Preference: \_\_\_\_\_

Allergies / Medications: \_\_\_\_\_

Current or Required Medications: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_ - \_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_



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## RELEASE OF CIVIL LIABILITY

In considerations of the privileges being granted to \_\_\_\_\_ by the Alachua County Fire Rescue Cadets, Alachua County Fire Rescue, and Alachua County to use the facilities owned or operated by Alachua County Fire Rescue and to benefit from participation in the Alachua County Fire Rescue Cadets. I hereby assume all risk of personal injury, death, and property damage or loss from whatever causes arises while the above named child is approaching, entering, using, leaving, or being about any property of Alachua County. While using, intending to use or being granted this privilege, including but not limited to being transported from or to any off campus site location while participating in this program, I release Alachua County, Alachua County Fire Rescue, and the Alachua County Fire Rescue Cadets, it's officers, employees, agents, assignees and servants from any liability, or contribution to such liability, while using these privileges.

I further indemnify and hold harmless Alachua County Fire Rescue, Alachua County, and their employees, assignees, agents and the Alachua County Fire Rescue Cadets from and against any and all damages, suits, claims, personal injury, including death, attorney's fees and attorney's fees on appeal.

It is further understood and agreed by me that the Alachua County Fire Rescue Cadets, Alachua County Fire Rescue, and the Alachua County may revoke this privilege at any time.

\_\_\_\_\_  
Signature Of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian if under 18

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

State of \_\_\_\_\_  
County of \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_  
If Notary, Stamp required



# Alachua County Fire Rescue

## Cadets

### Membership Application



#### STATEMENT OF CONFIDENTIALITY

Florida Statutes prohibit the unauthorized disclosure of information from particular fire and medical records. I understand that the unauthorized disclosure of this or other protected information could lead to my dismissal from Alachua County Fire Rescue Cadet program and/or possible criminal penalties.

As an Explorer for Alachua County Fire Rescue, I understand that I will be held accountable under law for the disclosure of any and all information related to fire and EMS matters or confidential cases.

I further understand that I will not release any information obtained as a result of my participation in Alachua County Fire Rescue Cadets unless specifically authorized in advanced by a representative of the Alachua County Fire Rescue.

I further understand that as an Explorer, I shall not represent myself as a firefighter, take any action that might lead a reasonable person to believe that I am a firefighter, or take any job related action not specifically authorized or requested by a member of Alachua County Fire Rescue. I fully understand that such actions may lead to criminal prosecution for unauthorized display of fire insignia and/or impersonating a certified firefighter or EMS provider.

\_\_\_\_\_  
Signature Of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian if under 18

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

State of \_\_\_\_\_  
County of \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_  
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