



# ZONE THREE FIRE CADETS

Post Office Box 824 Kent, WA 98035

253-234-7278

## FIRE CADET YOUTH PROGRAM APPLICATION INFORMATION

Thank you for your interest in the Zone Three Fire Cadets program. The Cadets program is currently accepting applications for young men and women from 14 to 21 years old. Attached to this form is the application packet needed to begin the process of becoming a Zone Three Fire Cadet.

It is recommended that candidates attend two regularly scheduled meetings with their parent/guardian(s) before turning in an application packet. Families can learn more about the program and meet the current members and staff. Meetings are held on Wednesday nights and rotate between Fire Cadets Post fire departments. The monthly calendar(s) can be found on our website at [www.zone3firecadets.org](http://www.zone3firecadets.org).

Please fill out the application in black or blue ink, make sure it is legible, accurate, and complete. Where parental/guardian signatures are required, *both* parents/guardians must sign if applicable.

Once completed, review the entire application with your parent/guardian(s) to ensure accuracy and completeness. Any questions you have may be addressed at the next regularly scheduled meeting. Parent/guardian(s) are always welcome to attend any Cadets function or meeting.

**Application packets will be accepted at the regularly scheduled business meeting "Normally "on the first Wednesday of the month in February, July, and October.**

Approval of written application maybe partly dependent upon the successful results of a criminal, driving and personnel background investigations.

The second step in the application process is an oral board interview. Your interview will be scheduled following the acceptance and approval of your written application. You will be interviewed by Fire Cadet Program Advisors and several current Fire Cadet Program Officers. The interview is intended to simulate a portion of the hiring process typically used in the fire service and is not meant to be stressful in any way. The interview will give us an opportunity to learn more about you and why you want to join our program, as well as provide you with the chance to ask us any questions you may have.

The third step in the application process is a physical ability evaluation. Fire Cadets are regularly required to perform physical tasks like those performed by professional firefighters. The test will typically consist of rolling a section of fire hose; carrying a section of fire hose; and climbing a fire department ground ladder or hose drying ladder.

Upon completion of the application process, you will be notified of your membership status. Once accepted as a member, you will be issued a Certificate of Membership, a Zone Three Fire Cadets probation training manual, personal protective equipment (PPE), and various other tools.



# ZONE THREE FIRE CADETS

Post Office Box 824 Kent, WA 98035

253-234-7278

## The following fees apply:

1. Initial registration covers Insurance, equipment and a Zone Three Fire Cadets T-Shirt.
2. The monthly dues help to cover on-going training, event costs and additional equipment.
3. Equipment deposit, if requested may be returned at the end of the members time with the Zone Three Fire Cadets Program, **if** all equipment is returned in good order.
4. Equipment consist of Fire Service PPE; may including, Helmet, Coat, Pants, Suspenders, Gloves, Boots, Utility strap, Eye protection, and Personnel rope.  
(See Current Individual PPE assigned sheet for details)
5. Fire Cadets will be issued a "Zone Three Fire Cadet T-Shirt" upon acceptance in the Program and initial fees paid. Cadets are responsible for uniform pants, belt and boots.

See current addendum for fee schedules.

Individual hardship will be considered on a case by case basis by The Zone Three Fire Cadets Post Advisors.



# ZONE THREE FIRE CADETS

Post Office Box 824 Kent, WA 98035

253-234-7278

## CONFIDENTIAL MEMBERSHIP APPLICATION

### PERSONAL

Applicant's Name: \_\_\_\_\_

(Last)

(First)

(Middle)

Age: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_-\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Gender: \_\_\_\_\_

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

(Street)

(Unit)

(City)

(State) (Zip Code)

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

Email: \_\_\_\_\_

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ Exp. \_\_\_\_\_

List any tickets, accidents, or criminal history?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian(s):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

(Street)

(Unit)

(City)

(State) (Zip Code)

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

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_



# ZONE THREE FIRE CADETS

Post Office Box 824 Kent, WA 98035

253-234-7278

## General

Previous Fire/EMS Training  Yes  No Primary Interest:  Fire  EMS  Other

Where: \_\_\_\_\_ How Long: \_\_\_\_\_

Explain why you want to join the Zone Three Fire Cadets: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ GPA: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_  G.E.D.  Diploma  Still attending school

Post-high school education: \_\_\_\_\_

Degree: \_\_\_\_\_  2-Year  4-Year

## Employment

Current Employer: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Position: \_\_\_\_\_ Duties: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Duties: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Duties: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



# ZONE THREE FIRE CADETS

Post Office Box 824 Kent, WA 98035

253-234-7278

## References

Please list three (3) adults (not family) as references:

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Signatures:

Fire Cadet: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Language: \_\_\_\_\_

Accepting Cadet Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Or Denied: \_\_\_\_\_ Why: \_\_\_\_\_

Signature: \_\_\_\_\_



# ZONE THREE FIRE CADETS

Post Office Box 824 Kent, WA 98035

253-234-7278

## Fire Cadet Liability Release Form

### I. Personal Information (confidential)

**Name:** \_\_\_\_\_ is \_\_\_\_\_ years of age and wishes to participate in the activities of the Zone Three Fire Cadets. This participation is sponsored by the City of SeaTac, the City of Tukwila, Fire District 20, Fire District 43, Puget Sound Regional Fire Authority and the Renton Regional Fire Authority.

### II. Notice of Activities and Exposure Risk

Activities of Zone Three Fire Cadets members may include, but not be limited to:

- A. Receiving instructions and the use of firefighting equipment, live hose streams, generators, ladders, power saws, and self-contained breathing apparatus.
- B. Extinguishing controlled training fires as a member of a firefighting team.
- C. Riding in fire department vehicles both with and without emergency lights/sirens operating.
- D. Gathering information, carrying messages, and dispensing food and beverages to firefighters at emergency incidents.
- E. These can be prolonged emergency events and can take place at any time and in any weather.
- F. Lifting and carrying equipment.
- G. Visiting other fire department facilities and participation in other outing and tours as determined by the Post.
- H. Fire Cadets may need to engage and interact with members of the public, businesses, government officials, and other emergency response agencies.
- I. Fire Cadets will be expected to adhere to the "Rules & Regulations" of the Zone Three Fire Cadet program and conduct themselves in a professional manner.
- J. Supporting an Emergency Operation Center and handling confidential information, both at an EOC environment and Emergency scenes.

### III. Fire Cadet Physical Limitations

The Cadet has the following disabilities and/or infirmities: **Yes / No**

\_\_\_\_\_

**If YES**, the disabilities and/or infirmities that limit or prevent the Fire Cadet from participation in the following activities: (Use additional attachments if needed?)

\_\_\_\_\_

**If NO disabilities and/or Limitations (initial):** \_\_\_\_\_ **Date:** \_\_\_\_\_



# ZONE THREE FIRE CADETS

Post Office Box 824 Kent, WA 98035

253-234-7278

**IV. Release from Liability (initial)** Initials/Cadet Parent/Guardian

1. I am a Fire Cadet at least 18 years of age? \_\_\_\_\_ N/A
2. I am the parent/guardian of a Fire Cadet under 18. N/A \_\_\_\_\_
3. I have read sections I, II, and III of this release form notifying me of the activities a Fire Cadet is likely to participate in as a member of the Zone Three Fire Cadets Program. I further understand that this list is not all-inclusive. \_\_\_\_\_
4. All my questions about the program have been Answered at this time. \_\_\_\_\_
5. I agree that I/my Fire Cadet will observe any physical limitations listed in Section III. \_\_\_\_\_
6. I understand that a Fire Cadet could accidentally be injured or harmed while participating in Zone Three Fire Cadets activities. \_\_\_\_\_

**V. Health Insurance**

1. I am covered by a health insurance plan? ( ) Yes ( ) No

If yes, please provide the following information:

A. Company Name: \_\_\_\_\_

B. Plan or policy number: \_\_\_\_\_

C. Group ID: \_\_\_\_\_



# ZONE THREE FIRE CADETS

Post Office Box 824 Kent, WA 98035

253-234-7278

## Waiver of Liability/Hold Harmless Release

For and inconsideration of the opportunity offered to (Fire Cadet Name): \_\_\_\_\_.

to participate in the Zone Three Fire Cadets program (hereafter referred to as "Activity") I, as evidenced by my signature below, do hereby hold harmless, release, and waiver all claims or legal actions, financial or otherwise, I may have against the City of SeaTac, the City of Tukwila, Fire District 20, Fire District 43, Puget Sound Regional Fire Authority and the Renton Regional Fire Authority, their officials, employees, agents, organizers, sponsors, volunteers, contracted instructors, or any other person(s), for any and all injuries, losses, damages, or death suffered as a result of participation in the Activity. I further acknowledge that I understand the hazards my personal limitation and/or of my child(ren), and I knowingly assume all risks associated with participation in the Activity. I also accept full responsibility for the cost of treatment for any injury, losses, damages, or death suffered by me or my child(ren) while participating in the Activity.

### Signature Authorizations

By signing below, I permit my (or myself) Fire Cadet to participate in activities of the Zone Three Fire Cadets program and I agree to the terms of the release set forth in this document.

I also give my consent to have my (or myself) Zone Three Fire Cadet treated at a local hospital at the direction of a Zone Three Fire Cadet Advisor or his/her designee in the event of an emergency (injury or illness) while participating in any Zone Three Fire Cadets function/activity.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_ (Fire Cadet Parent/Guardian)

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_ (Zone Three Fire Cadet)

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_ (Adult Witness, 18 Y/O minimum)





# ZONE THREE FIRE CADETS

Post Office Box 824 Kent, WA 98035

253-234-7278

## FIRE CADET

### Emergency Contact Information/For Travel files

Fire Cadet Name: \_\_\_\_\_

Emergency Contact: # 1: \_\_\_\_\_

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

Emergency Contact: # 2: \_\_\_\_\_

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

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions:>? (Use N/A if None) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medications: >? \_\_\_\_\_

\_\_\_\_\_

Allergies: >? \_\_\_\_\_

Blood Type: \_\_\_\_\_

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

I (or myself) affirm with my signature that I am the Parent/Guardian/Cadet of the applicant on this form. The information provided is correct to the best of my knowledge. By signing this form, I am giving permission to the Zone Three Fire Cadets program to medically treat the applicant; (or myself) if necessary?

Parent/Guardian/Cadet (Over 18 y/o): \_\_\_\_\_ **(sign)**

Parent/Guardian/Cadet: \_\_\_\_\_ **(Print)**

**Date:** \_\_\_\_\_ :