



## Walkersville Volunteer Fire Company, Inc. Cadet Membership Application (Ages 12-15)

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Dear Perspective Cadet Member,

Thank you for your interest in the Walkersville Volunteer Fire Company. Our organization is dependent on volunteers for success in every aspect of our operations. Although a fire department is formed to provide protection to the community, it is imperative that we also have personnel who wish to participate on the administrative and fundraising level as well. You will find that this department is a community within a community, working together to provide the highest level of fire and rescue protection possible. We are not limited, however, to firefighters. The majority of our funds needed to support everyday operations, equipment purchases and training are raised through the hard work of our volunteers. Therefore we recruit not only people interested in becoming firefighters, but those who wish to volunteer computer skills, management skills, or just elbow grease.

Attached you will find the Cadet membership application and health information sheet.

Please fill out carefully, completely and legibly.

Return your completed application using the following fee schedule.

**Cadet Member Applicants:** \$5.00 yearly dues  
(Fingerprinting will be required at age 16)

Please make checks payable to the **Walkersville Volunteer Fire Company, Inc.**

(When the application is submitted and presented for Company approval during the November and December monthly meetings, the yearly dues will be applied to the following membership year.)

Please return the application by mail or by dropping it in the membership mailbox located in the hall by the engine bay entrance. A member of the Membership Committee will contact you to schedule an interview. Membership applications will be presented at the company meeting which is held the first Monday of every month with the exception of July. You will be notified of your acceptance or denial by mail or email.

Sincerely,  
The Membership Committee

# Walkersville Volunteer Fire Company

## CADET MEMBERSHIP APPLICATION (Ages 12-15)

PLEASE CLEARLY PRINT ALL INFORMATION EXCEPT WHERE A SIGNATURE IS REQUIRED

Date of Application		Social Security Number	
Mr. Ms.	First Name	MI	Last Name
(Circle One)			
Street Address	City/Town	State	Zip Code
Primary Phone Number	Email Address	Date of Birth	
School Attending / Home Schooling	Current Grade		

May we contact your school as a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you find out about the WVFC? \_\_\_\_\_ Family \_\_\_\_\_ Friend \_\_\_\_\_ Open House  
\_\_\_\_\_ Frederick County Recruitment Program \_\_\_\_\_ Other: Please Specify \_\_\_\_\_

Are you interested in Fire / Rescue Training? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been a member of another Fire / Rescue Company? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Department Name: \_\_\_\_\_

Phone Number : \_\_\_\_\_

Contact Person : \_\_\_\_\_

Positions or Office (s) held: \_\_\_\_\_

Driver's License Number

State

Class

Please provide any other education training, or special skills information you have which may be beneficial to this organization (i.e. typing, bookkeeping, mechanical, etc.): \_\_\_\_\_

Have you ever had any negative encounters with any police department, during which you were the suspect or offender? [YES] [NO] If [YES], please explain: \_\_\_\_\_

**Prospective Member Signature Required:** \_\_\_\_\_

( Use the back of the application if additional space is required for any of the questions. )

Please provide three (3) personal references that we may contact:

_____	_____	_____
Name	Phone	Relationship/How you know.
_____	_____	_____
Name	Phone	Relationship/How you know.
_____	_____	_____
Name	Phone	Relationship/How you know.

**Cadet member applicants MUST submit a signed parent permission form**

**Parent Permission ( required for Cadet Member Applicants )**

I hereby give permission for \_\_\_\_\_ to participate as a Cadet Member of the Walkersville Volunteer Fire Company and its activities. After proper training, he / she may assist in any emergency or situations requiring a fire or rescue response. In addition, he / she may assist with fundraising activities and work details sponsored by the WVFC. I also agree to assist the WVFC with enforcing the rules, regulations and guidelines as requested.

**Guardian Name:** \_\_\_\_\_

**Guardian Signature:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

Your dependent is covered under Frederick County Fire and Rescue Association Insurance while participating with the WVFC and the WVFC assumes responsibility from the beginning of an activity until the completion of the incident or activity.

It is the intent of the WVFC to involve parents as much as possible in their child's new and exciting endeavor in emergency services. We encourage open communications and welcome your participation. We will also require you to attend the pre- membership interview. Should you have questions or concerns, please feel free to contact the Membership Committee.

**Membership Committee Use Only**

Membership Status    Cadet Member \_\_\_\_\_ (Age 12-15 years old)

Interview completed by: \_\_\_\_\_

Date / Signature of Interviewer : \_\_\_\_\_, \_\_\_\_\_

Committee Recommendation:    Accept (    ), Deny (    )

Date presented for Membership: \_\_\_\_/\_\_\_\_/\_\_\_\_

Company Action: Accept (    ), Deny (    )

Additional Notes:

# Walkersville Volunteer Fire Company

## Cadet Information and Medical Card

Requirement of all Cadet Members

***PLEASE CLEARLY PRINT ALL INFORMATION EXCEPT WHERE A SIGNATURE IS REQUIRED***

*Cadet:*

\_\_\_\_\_  
First Name                      MI                      Last Name

*Parents / Guardians*

\_\_\_\_\_  
First Name                      MI                      Last Name

\_\_\_\_\_  
Home Phone                      Work Phone                      Cell Phone

\_\_\_\_\_  
First Name                      MI                      Last Name

\_\_\_\_\_  
Home Phone                      Work Phone                      Cell Phone

*List two nearby adults who will assume temporary care of you child if you cannot be reached.*

\_\_\_\_\_  
Name                      Phone                      Relationship to Cadet

\_\_\_\_\_  
Name                      Phone                      relationship to Cadet

**Health and Emergency Information**

Health Care Provider / Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Cadets Medical History ( Check all that apply )

- Allergy: Bee Sting
- Allergy: Food
- Allergy: Latex
- Allergy: Medication
- Allergy: Chemical / Pesticide
- Allergy: Seasonal
- Asthma
- Dental Problems
- Diabetes
- Disability - Physical
- Fainting Spells
- Headaches - Frequent
- Hearing Problems / wears Aids
- Heart Conditions
- Seizure Disorder
- Stomachaches - Frequent
- Vision Problem / Wears Glasses or Contacts

If you have checked any of the above, please explain so the WVFC Staff have a better understanding and work with him / her.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your Cadet take any medication, if so what and for what condition:

\_\_\_\_\_

**In case of an accident or serious illness, I request that the WVFC Staff contact me first and then if necessary the adults listed. If I or they cannot be reached, I hereby authorize WVFC Staff to call the physician indicated above or make whatever arrangement are necessary.**

***Parent Signature Required:*** \_\_\_\_\_