

Mad River Township Fire and EMS

260 East Main Street

Enon Ohio 45323

Cadet Program Application

LAST		FIRST		MIDDLE	
STREET ADDRESS			CITY/TOWN	STATE	ZIP
EMAIL ADDRESS					
TELEPHONE NUMBER (DAY)		(EVENING)		(CELL)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	US CITIZEN	PLACE OF BIRTH
CURRENT GRADE	CURRENT SCHOOL				
Occupation (if any)					
Name and address of current employer					
DO YOU HAVE A DRIVER LICENSE?	LICENSE #	STATE	EXPIRATION	RESTRICTIONS	
YES	NO				
EMERGENCY CONTACT PHONE NUMBERS					
NAME		RELATIONSHIP			
DAY		EVENING		CELL	
NAME		RELATIONSHIP			
DAY		EVENING		CELL	
NAME		RELATIONSHIP (NON PARENT)			
DAY		EVENING		CELL	
HAVE YOU EVER APPLIED HERE FOR THE CADET PROGRAM BEFORE?					
YES		NO			
ARE YOU PRESENTLY A MEMBER OF ANY OTHER FIRE CADET PROGRAM?					
YES		NO			
DO YOU HOLD ANY OF THE FOLLOWING CERTIFICATES? IF YES, GIVE DATE FIRST CERTIFIED, LEVEL OF CERTIFICATION, DATE OF EXPIRATION AND A COPY OF THE CERTIFICATE					
TYPE	DATE CERTIFIED	LEVEL OF CERTIFICATION	EXPIRATION DATE		
CPR					
FIRST RESPONDER					
FIRST AID					
EMT					
HAVE YOU ATTENDED ANY SPECIALIZED TRAINING CLASSES AND OR ATTENDED ANY FIRE FIGHTING SCHOOLS?			IF YES LIST TYPES DATES OF TRAINING AND NOTE CERTIFICATES		
WOULD YOU BE ABLE TO COMMIT TO TRAINING AND SPECIAL EVENTS?			YES	NO	
WHY WOULD YOU LIKE TO BE A CADET?					

REFERENCES					
NAME	ADDRESS			PHONE	
EDUCATION					
	NAME AND ADDRESS	GRADUATED	NUMBER OF YEARS ATTENDING	DEGREE	MAJOR
MIDDLE SCHOOL					
HIGH SCHOOL					
COLLEGE					
DO/DID YOU PARTICIPATE IN ANY EXTRACURRICULAR ACTIVITIES IN SCHOOL? IF YES PLEASE SPECIFY					
CRIMINAL RECORD					
<p>Note: With regard to questions contained in this section, under OHIO Law, you may answer "no record" if any of the following circumstances are applicable:</p> <p>(1) You have never been arrested for violation of a criminal statute;</p> <p>(2) You have been arrested but have never been tried for a criminal offense;</p> <p>(3) You have been tried for a criminal offense but were not convicted;</p> <p>(4) You have a first conviction for any of the following misdemeanors:</p> <p>(a) drunkenness</p> <p>(b) simple assault</p> <p>(c) speeding</p> <p>(d) minor traffic violation</p> <p>(e) affray or</p> <p>(f) disturbance of the peace;</p> <p>(5) You have not been convicted of a criminal offense within the five years before the date of this application and you have been convicted of misdemeanors where the date of conviction or the termination of incarceration, if any, occurred more than five years before the date of this application;</p> <p>(6) You have felony or misdemeanor convictions which have been sealed pursuant to Ohio Law; or</p> <p>(7) You have juvenile delinquency or child in need of services complaints which were not transferred to Superior Court for prosecution If yes, please describe</p>					
Have you ever been arrested and convicted of a crime?			Yes	No	
IF YES PLEASE DESCRIBE					

Please Read Carefully

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if accepted, falsified statements on this application shall be considered sufficient cause for my dismissal from the MRTFD Cadet Program.

Signature of Applicant

Date

RULES OF CONDUCT

As a member of this youth program, you are officially a representative of this department and must act accordingly. We have worked hard to build trust and respect within the community, and actions that damage our reputation are taken very seriously. Any violations of the rules of the program or the overall department will be met with disciplinary action and/or expulsion from the program.

1. Members will not violate any laws or regulations of the city, state or country. Members will also abide by the rules of the department and bylaws of the program.
2. Members will not disrupt any meetings or ceremonies and will obey the orders of superiors. They will control their tempers and exercise patience and discretion.
3. Members will refrain from vulgar, violent, profane, insolent and threatening language.
4. Members who attend program events under the influence of drugs or alcohol will be dismissed immediately.
5. Members are expected to speak the truth at all times and under all circumstances.
6. Members shall notify the proper authorities if they gain information about a crime or accident.
7. Members shall treat their superior officers and peers with respect.
8. Members shall not be publicly critical or derogatory of orders, instructions, policies or decisions made by superiors. All complaints shall be brought privately to the issuing party and resolved immediately.
9. Any documentation or information that you become privy to shall be treated as completely confidential. Revealing private information is a serious offense and shall be treated accordingly.
10. Members shall not accept any money, rewards or gifts meant as compensation, unless it is being donated to the program as a whole.
11. Members are responsible for the proper care of the department's equipment and property. Any damage that is done by, observed by or found by a program member must be reported immediately.
12. Members are prohibited from smoking while in uniform or at any program function or event.
13. Members are not allowed to respond directly to any emergency scene in their own personal vehicle. Members cannot utilize any form of sirens or emergency lighting in their personal vehicles.
14. Members will not participate in any training or response that they have not been approved for by the program leaders.
15. Once certified to be present at an emergency scene, members shall participate only in the manners and functions that they have been certified for. They will act strictly under the control of their on-scene adult leaders as specified in the program's policy.
16. When at the scene of a live incident or training, members are responsible for wearing full protective gear at all times, unless directly specified by their adult leader.
17. Members shall not walk off an emergency scene without being dismissed by their adult leader.

Medical Consent Authorization

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Medical Provider Information:

Insurance Provider: _____ Policy Number: _____

Physician: _____ Physician's Phone: _____

Physician's Address: _____

Known Medical Problems and Medications:

This information is included to provide information to emergency personnel of medical problems and medications in an emergency situation.

Existing Medical Problem (Example: Asthma)	Medication Taken (Example: Combivent)	Dosage Taken (Example: 2 puffs)	Dosage Frequency (Example: "Twice Daily")
_____	_____	_____	_____
_____	_____	_____	_____

Parents need to understand and accept their liability for childcare. Also please understand that all necessary safety precautions will be taken while your child is participating in training activities. MRTFD cannot cover every possibility, like what the Greenon School District currently does.

Medical Consent Authorization:

In the event of an injury, accident, illness or other emergency, and if the above stated physician cannot be reached, I authorize _____ (myself) _____ (my child) to be treated by certified emergency personnel such as emergency medical technicians, emergency room physicians and other emergency room personnel such as nurses and laboratory technicians. I agree to accept financial responsibility for the costs related to this medical treatment.

Name Phone Date Signed

Name of Authorized Parent or Guardian Phone Date Signed

PARENT/GUARDIAN CONSENT FORM

My son/daughter, _____, has my permission to join the Cadet program for the MRT Fire Department. I, _____, give my consent to allow him/her to be part of the program and do not hold the department, its members or the township responsible for any injuries or actions that occur under reasonable circumstances as part of this program.

Applicant signature and date

Parent/guardian signature and date

Mad River Fire and EMS

MEDIA RELEASE FORM

I, _____, grant permission to Mad River Fire and EMS, hereinafter known as the "Media" to use my image (photographs and/or video) for use in Media publications including:

(Check All That Apply)

- Videos - Email Blasts - Recruiting Brochures - Newsletters - Magazines - General Publications - Website and/or Affiliates - Other: _____

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **initial** the paragraph below which is applicable to your present situation:

_____ - I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: _____ Date: _____

Name (please print): _____

Address: _____

Signature of parent or legal guardian: _____
(If under 18 years of age)

Email Applications to : c.scanlan@madriverfireandems.org

CONTRACT OF UNDERSTANDING

My son/daughter and I have read all the MRTFD guidelines, protocols and rules regarding the department's Cadet Program and understand that Cadets will serve in support roles for the MRTFD as they learn and train for possible future service.

My son/daughter and I understand that members of the youth program are to follow instructions from superiors and follow department safety protocols at all times. We also understand that he/she will represent the department and act in a professional manner that is courteous and respectful at all times.

We understand that there is a "zero tolerance policy" regarding the use of alcohol and drugs while attending any department events. My son/daughter and I understand that in signing this "Contract of Understanding", we are declaring that any violation of the program's/department's bylaws or standard operating procedures/guidelines will be dealt with by the program's leaders and/or department officers and may be grounds for immediate dismissal. Any acts that violate state or federal laws will be referred to the proper law enforcement agency.

Youth firefighter signature and date Parent/guardian signature and date

I acknowledge that the parties above received a copy of the department's youth firefighter program guidelines.

Lt. Cory Scanlan MRTFD Cadet Coordinator Date

THIS PAGE FOR FIRE DEPARTMENT USE ONLY

References checked by: _____

Medical Clearance: Yes No

Certificate and DL copies: Yes No

If no, what is missing?

Interview Date: _____

Interview Notes:

Interview Committee Signatures:

1. _____

3. _____

2. _____

4. _____

THIS PAGE FOR FIRE DEPARTMENT USE ONLY

Application reviewed by:

Recommend for acceptance?

_____	Y	N
_____	Y	N

Accepted:

Yes

No

If yes, date of acceptance: _____