

Borodino Volunteer Fire Department
2500 Nunnery Road
Skaneateles, NY 13152
(315) 308-1221

BVFD Cadet Membership Application

Section 1: Applicant Information

| | |
|--------------------|------------------------|
| Legal Name: | Preferred Name: |
|--------------------|------------------------|

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|--|
| Gender: M F DOB: Age: email address: |
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| | |
|--------------------|---------------------|
| Home Phone: | Cadet Phone: |
|--------------------|---------------------|

| | | |
|-----------------|---------------|------------------|
| Address: | | |
| City: | State: | Zip Code: |

| | |
|------------------------------|----------------------|
| Parent/Guardian Name: | Relationship: |
|------------------------------|----------------------|

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|------------------------------|--------------------|
| Parent email Address: | Cell Phone: |
|------------------------------|--------------------|

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|---|---------------|
| Name of School or Home Schooled: | Grade: |
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How did you hear about the BVFD Cadet Program?

Fire Department

Firefighter

Friend

School

Family Member

Other:

Section 2: Health Status (To Be Completed by Parent/Guardian)

The BVFD does not deny membership due to any health issues so please answer completely and honestly so we can keep your child safe. Cadets participate in directly supervised vigorous, age-appropriate physical activities, some of which are listed below. **Participation in all cadet activities will allow for appropriate rest and hydration breaks.*

Please tell us if your child is able to participate in each type of the following activities:

- A- No Health Issues** – My child can participate fully.
- B- Some Health Issues** – My child can participate with some modifications.
- C- Temporarily Restricted** – My child can participate once he or she recovers from a temporary health issue.
- D- Restricted** – My child cannot safely participate in physical activities due to a long-term health issue.

| | | | | |
|--|---|---|---|---|
| Obstacle courses requiring balance and flexibility. | A | B | C | D |
| Hiking or walking through fields or wooded areas. | A | B | C | D |
| Climbing (with direct adult supervision.) | A | B | C | D |
| Carrying age-appropriate equipment and gear. | A | B | C | D |
| Low impact sports. | A | B | C | D |
| Fire-related activities (with direct adult supervision.) | A | B | C | D |

***Special Medical Alerts:** (Medications, Inhalers, Insulin, Allergies, Dietary Restrictions, Glasses, Medical Conditions, Special Learning Needs, etc.)

Section 3: Prospective Cadet Statement

As you apply for cadet membership at the Borodino Volunteer Fire Department, Please tell us how serious you are about this position:

I, _____ (your name)

_____ I want to be a BVFD Cadet. I think it's for me and I'm willing to give it a try.

_____ I will participate in as many scheduled trainings as possible.

_____ If family or school obligations come up I will let the department chief or advisors know in advance that I will be absent from a training.

_____ I understand that I need to maintain good grades in school or reach out for help from the cadet advisors to remain in the cade program.

_____ I understand that I need to be a respectful and responsible person at home and within my community to remain in the cadet program.

_____ I understand that what I get out of the BVFD Cadet Program is what I put into it.

Prospective Cadet Signature

Date

Section 4: Parent/Guardian Authorization

_____ I approve of my child's membership in the Borodino Volunteer Fire Department Cadet program.

_____ I have met with the BVFD cadet advisors/chief and have a basic understanding of the program's goals, schedule, and expectations.

_____ I understand that my child may be riding in district/department owned fire trucks in non-emergency trainings and drills.

_____ I understand that by joining the BVFD Cadet program I am responsible for transporting my child to and from trainings, or make appropriate arrangements for a responsible adult to do so that my child can maintain good attendance.

_____ I understand that if my child is in need of medication during a BVFD training, he or she will have it available and be able to self-administer it as prescribed.

_____ I hereby certify that, to the best of my knowledge, the health information is correct as indicated in Section 2.

_____ I, as the parent/guardian of the child named on this application, hereby grant permission to the Borodino Volunteer Fire Department representatives to use my child's image or likeness in educational, marketing, and public affairs applications. These applications include, but are not limited to printed and digital publications, websites, social media, videos, and more. I waive any right to inspect or approve the finished products wherein my child's likeness appears. All prints and digital files shall be the property of the Borodino Volunteer Fire Department

Parent/Guardian Signature

Date