

Webster Twp. Fire Department
5122 Main St. Webster, IN (765)-935-1585

Cadet Firefighter Application (Ages 16-17)

Name _____ Date of Birth ____/____/____
Last First M.I.

Street Address _____

City _____ State _____ Zip Code _____

Cadet Phone Number _____

Cadet E-mail _____

Current School Attending _____ Current GPA _____

Medical Conditions/Allergies _____

Does the applicant have any physical limitations that would prevent them from performing these essential functions of a Cadet Firefighter: ability to carry, lift, crawl, or bend over?
(circle one) **YES** **NO**

If yes, please explain _____

Parent/Guardian Information

Name _____ Relation _____

Address (if different from above) _____

Phone _____ E-mail _____

I verify that the above information is true and correct. I understand that if any information on this application is false, my child will be withheld from joining the organization. I hereby give permission for my child to join the Webster Twp. Cadet Fire Program.

Parent/Guardian Signature _____ Date _____