

Town of Davie Fire Rescue Cadet Application Packet

**If you have any question about the Fire Cadet Program contact the
Cadet Coordinator DE Roberta Quinones at 954-605-0690.**

When you have completed the application forward to DE Quinones for processing.

General Membership Requirements:

- 1) Applicants must be between the ages of 14 and 18 years of age.
- 2) Parental approval must be obtained.
- 3) School transcripts demonstrating a 2.0 grade point average, or better, must be enclosed with the application.
- 4) Copy of Birth Certificate must be enclosed with application.
- 5) The applicant must be in good health and without physical condition(s) that will endanger them, or another member of the Fire Department.
- 6) The applicant must be of good character and possess good moral habits.
- 7) Driving records will be considered.
- 8) None of the above requirements is intended to be an automatic disqualifier. All of the above are taken into consideration when considering an applicant. If you feel that there are special circumstances that should be considered when applying, contact the Cadet Coordinator.

When Filling Out the Attached Application:

- Fill in all of the blanks. If an item does not apply to you put in N/A.
- Give complete information, including your first, middle, and last names completely spelled out.
- Submit only information you are sure of.
- Be sure that you and/or your parents sign the forms in the appropriate places.
- Once you have completed the application call 954-605-0690 Roberta Quinones to schedule your Cadet Interview with the program committee.
- INTENTIONAL WITHHOLDING OF INFORMATION OR FALSIFICATION OF INFORMATION ON THIS APPLICATION WILL RESULT IN IMMEDIATE DENIAL OF ACCEPTANCE. IF THE APPLICANT IS ACCEPTED AND FALSIFICATION IS DISCOVERED, THE CADET WILL BE DISMISSED WITHOUT RECOURSE!

Once Accepted to the Program the Cadet is Responsible for:

- 1) Annual fee of \$50.00 (covers FFCA cadet membership fee, insurance, and safety equipment)
- 2) Cadet must purchase a portion of the below listed uniforms:
 - a. All black boots(must be steel toe)
 - b. Navy blue work pants (can be EMS pants or BDU's)
 - c. All black uniform belt with silver buckle.
 - d. All black or navy-blue gym shorts
- 3) For the first few meetings, until Cadets receive uniform
- 4) T-Shirts, new Cadets are expected to report to meetings in above mentioned uniforms along with a plain white polo shirt.

**** items A-C Can be found at local army/navy store or Wal-Mart ****

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Name: _____ Age: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell Phone: _____ Social Security #: _____

School: _____ Grade: _____

Parents/Guardians Name: _____

Parents/Guardians Home phone: _____ Cell Phone: _____

Are you employed? ___ Yes ___ No (If yes) Where? _____

Average hours worked per week? _____ Are you available on Wednesday nights: ___ Yes ___ No

Have you been or are you currently a Cadet? ___ Yes ___ No If yes, what agency: _____

Career interests: _____

Previous training: _____

Do you have a valid driver's license? ___ Yes ___ No Driver's License #: _____

List any traffic violations you have received? *(Use additional paper if necessary)*

Have you ever been arrested for a crime? ___ Yes ___ No If "YES", what and when?

Have you ever been convicted of a crime? ___ Yes ___ No If "YES", what and when?

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Have you ever used drugs? ____ Yes ____ No If "YES", what and when?

Have you ever been suspended from school? If "YES" when, and why?

How many days absent/tardy last semester/quarter? _____

What is your current GPA when you last attended school? _____

Adult references

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

I hereby apply for the position of Town of Davie Fire Rescue Cadet. I further consent and authorize the Fire Department/Learning for Life to conduct a background check including, but not limited to, a juvenile and criminal history records check.

Applicant signature: _____ Date: _____ Printed Name: _____

Parent/Guardian signature: _____ Date: _____ Printed Name: _____

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Waiver of Liability, Release of Claims, and Indemnification

As consideration for being a member of the Town of Davie Fire Cadets and thereby being permitted to engage in Town of Davie Fire Cadet activities which further my or my child’s education and knowledge of fire rescue activities;

I, the undersigned, hereby agree to indemnify and hold harmless the Town of Davie Fire, its officials, officers, employees, agents, and volunteers harmless from any and all claims, injuries, or damages of any nature, sustained to my person or property which occur as a result of or during my, or my child’s accompanying members of the Town of Davie Fire Rescue Department during their official duties, or during Town of Davie Fire Cadet activities.

I further release and waive any and all claims and causes of action, including but not limited to actions based on negligence, which may arise against the Town of Davie, its officials, officers, employees, agents and volunteers, as a result of any injury to my or my child’s person or property which occur as a result of or during my or my child’s accompanying members of the Town of Davie Fire Rescue Department during their official duties, or while engaging in any Town of Davie Fire Cadet activity.

I further agree for myself, my heirs, executors, administrators, and assigns, to defend and indemnify the Town of Davie, its officials, officers, employees, agents and volunteers, their sureties against any and all actions, suits, debts, claims, demands, damages, liability, or expenses of any kind incurred or arising by reason of any actual or claimed negligence or wrongful act or omission of mine or my child’s while accompanying any Town of Davie official, officer, employee, agent, and volunteer, or while engaging in any Town of Davie Fire Cadet activity. All parties signing below endorse the preceding three paragraphs as their own and represent that the waiver of liability, release of claims, and indemnification is entered into a knowing and intelligent manner and pursuant to his or her free will.

APPLICANT’S SIGNATURE: _____

PRINTED NAME: _____

SIGNED THIS DAY _____ OF _____, 20 ____

WITNESSED: _____

PARENT’S SIGNATURE: _____

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Town of Davie Fire Rescue Department Hold Harmless Agreement

In consideration of the Town of Davie granting the undersigned the opportunity to accompany an employee(s) of the Town of Davie Fire Rescue Department in the performance of said employee's duties by riding with said employee(s) in activity owned vehicle: and the undersigned, recognizing the fact that the duties of the officers of the city are inherently dangerous and that no duty is owed to the passenger while such employee(s) is engaged in his or her official duties, hereby assumes all risks attendant upon such activity and agrees to hold the Town of Davie, its officials, officers, employees, agents, and volunteers harmless from any and all claims which may arise as a result of the undersigned's accompanying said employee(s) of the Town of Davie.

I have read the above and yet desiring to accompany an employee(s) of the Town of Davie Fire Rescue Department, have agreed on this ____ day of _____, 20 ____

Signature: _____ Print name: _____

Address: _____ City: _____ State: FL Zip: _____

Date of Birth: _____ Phone: _____

THE REMANDER OF THIS FORM MUST BE COMPLETED BY A PARENT OR GUARDIAN OF ANY PERSON WHO IS UNDER EIGHTEEN (18) YEARS OF AGE, OR WHO IS APPLYING TO BECOME A TOWN OF DAVIE FIRE RESCUE CADET.

I, _____ the parent or legal guardian of the above names minor, (or Cadet Applicant), have read this hold harmless agreement and hereby consent to the minor/applicant accompanying a Town of Davie employee(s) by riding with the employee(s) in a city owned vehicle and knowing of the risks involved and assuming same, hereby agree to hold the Town of Davie and its officials, officers, employees, agents, and volunteers harmless from any and all claims which may arise as a result of the above minor/applicant accompanying said employee(s) of the Town of Davie.

Signature: _____ Print name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

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Statement of Understanding

I HEREBY REPRESENT THAT I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT CONSISTING OF GENERAL MEMBER REQUIREMENTS, WAIVER OF LIABILITY, APPLICATION, AND HOLD HARMLESS AGREEMENT, AND UNDERSTAND THE CONTENTS OF THESE DOCUMENTS AND SIGN SAME OF MY OWN FREE WILL.

EXECUTED AT _____, ON THIS _____ DAY OF _____, 20 _____

SIGNATURE OF STUDENT MEMBER: _____

ADDRESS: _____

PARENTS INITIALS: _____

AS PARENT OR GUARDIAN OF _____, I HAVE READ THE ATTACHED FORMS AS NOTED ABOVE AND AGREE TO ALL OF THE TERMS CONTAINED THEREIN.

SIGNATURE OF PARENT OR GUARDIAN _____

HOME PHONE (____) _____ WORK PHONE (____) _____ DATED _____

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by:
_____, who is personally known to me or who has
produced _____ as identification and has voluntarily executed this document.

____ Physically Present ____ Online Notarization

Notary Public

SEAL

Typed/Printed Name of Notary



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DAVIE FIRE RESCUE DEPARTMENT Release and Hold Harmless

Request for Permission to Ride as an Observer and Hold Harmless Agreement

The undersigned does hereby request the Town of Davie, Broward County, Florida for permission to ride as an observer only in an authorized Town of Davie motor vehicle unit.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE TOWN OF DAVIE USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANGE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE TOWN OF DAVIE IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE TOWN OF DAVIE HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

IN CONSIDERATION of the permission granted _____ by the Town of Davie to ride as an observer with the Town of Davie Fire Rescue Department and any related events and activities, I, the undersigned for myself, my heirs, assigns and administrators, **HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE THE TOWN OF DAVIE AND ITS AGENTS, OFFICERS AND EMPLOYEES** from all liability to the undersigned, my heirs, assigns and administrators, of and from all claims and demands, actions and causes of action, damages, losses and liabilities, costs, expenses and compensation on account of the death or injury to myself or my property, and any and all known and unknown, foreseen and unforeseen damages and consequence thereof caused by or arising out of my participation in the Leadership Program for the Town of Davie.

This observation is for the purpose of my educational benefit. If permission is granted, I hereby agree to obey, at all times, all instructions, orders and commands given to me by unit members in command of any vehicle in which I may be riding. I fully realize and appreciate the basic nature of Emergency Medical work and the possibility that a situation will arise which might result in my being exposed to the danger of physical harm or injury, including but not limited to motor vehicle accidents through negligence of third parties or the Town of Davie. I nevertheless, freely accept these risks.

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I HAVE CAREFULLY READ THE FOREGOING RELEASE AND WAIVER AND KNOW THE CONTENTS THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER AS MY OWN FREE ACT.

This Release and Waiver contains the entire agreement between the undersigned and the Town of Davie and the terms of this Release and Waiver are contractual and not mere recital.

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the law of the State of Florida, and that if any portion, thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

I am over under (check one) 18 years of age

Participant Name, Printed	Participant Signature	Date
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If minor Parents/Guardian Name, Printed:	Parents/Guardian Signature	Date
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Telephone Number: _____ E-mail Address: _____

Address: _____

Driver's License Number: _____ State: _____

Emergency Contact, Name: _____ Telephone Number _____

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by:
_____, who is personally known to me or who
has produced _____ as identification and has voluntarily executed this
document.

____ Physically Present ____ Online Notarization

Notary Public

SEAL

Typed/Printed Name of Notary