





## Office of the Sheriff, Walton County

## Fire Rescue Cadet Application

I. INFORMATION:	DATE:		
Name:			
Last	First	Middle	
Address:			
	Street		
City	State	Zip	
Home Phone: ()	Work/Cell Numb	per: ()	
Email:			
Age: Date of Birth:		:: M or F	
MM	I DD YY		
Social Security #	DL# <sub>.</sub>		
(social security number mandatory for	17 years or older to per	form background checks)	
Currently Enrolled in School? Y or N C	Graduated or GED? Y o	r N	
School Name:			
Current Grada Laval? 8 0 10 11 12	College 1 2	3 1	

Parental Information (If under 18 years of age):
Mother's Name:
Address:
Phone: () Work/Cell Number: ()
Father's Name:
Address:
Phone: () Work/Cell Number ()
Name of Applicant:
Previous Address (if less than 7 years at current address):
Emergency Contact/Number:
Applicant Medical History:
Any significant medical problems:
Any allergies:
Any medications:
Other medical concerns:
*Background checks will be completed on any Cadet 18 years and older.
II. REFERNCE (work or school related):
Name: Relationship:
Address:
Phone: (
How did you hear about the Cadet program:

III. SPECIAL INTERESTS:

(Please list any organizations, sports, social, or community activities you have been involved with)			
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D			
3			
PARENTS/GUARDIANS/APPLICANT: Being involved in a Fire Rescue Cadet Program can be physically a program of the control of the c			
lemanding at times and by signing below, you agree that this applicant can meet the health and physical			
itness requirements of such activities.			
Date:			
APPLICANT SIGNATURE			
Date:			
PARENT/GUARDIAN SIGNATURE (if under 18 years of age)			
Name of Applicant:			
V. QUESTION:			

752 Triple G Road DeFuniak Springs, FL 32433 (850)892-8111

Briefly tell us why you want to be a Fire Rescue Cadet?



MICHAEL A. ADKINSON, JR., SHERIFF
Office of the Sheriff, Walton County

