



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. REFERENCE (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)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**PARENTS/GUARDIANS/APPLICANT:** Being involved in a Fire Rescue Cadet Program can be physically demanding at times and by signing below, you agree that this applicant can meet the health and physical fitness requirements of such activities.

\_\_\_\_\_ Date: \_\_\_\_\_

APPLICANT SIGNATURE

\_\_\_\_\_ Date: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (if under 18 years of age)

Name of Applicant: \_\_\_\_\_

**IV. QUESTION:**

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

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



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

