

# **Orland Fire Protection District**

## **Cadet Packet**

**This packet contains instructions for the cadet program and the forms necessary to apply.**

**Forms:  
Application  
Emergency Information  
Release**

## **Orland Fire Protection District Cadet Program**

### **GOALS of the PROGRAM**

- Provide opportunity for individuals 16-21 Years old to get involved in the fire service and the community.
- Find out if the fire service might be the type of career you would be interested in pursuing.
- Give you a taste of what the day-to-day life of a firefighter/paramedic is like. Experience being part of the fire service.
- Provide training that will assist individuals in obtaining a position as a career firefighter/paramedic.

### **ACTIVITIES of the PROGRAM**

- Instruction in First Aid and Cardiopulmonary Resuscitation.
- FF II basic training – regular program of 280 hrs. in 28 subject areas. (capable of state certification when leaving the program)
- Sponsorship for EMT/Paramedic school.(we will not pay tuition)
- Ride time on Ambulance for EMT/Paramedic
- Supervised “Ride-a-long” as observer

### **OTHER ACTIVITIES**

- Meet twice a month, approximately 2-3hrs per meeting. One weekday evening and possibly a Saturday morning.
- Fire Prevention week open house.
- Community events
- Station tours.

### **YOUR RESPONSIBILITIES AS A CADET**

- Show up when scheduled
- Follow rules – Para-military organization, expected to follow rules.
- Be involved, you get out what you put in!
- Be responsible for your actions.
- Serious approach, also have fun.

**ORLAND FIRE**

**PROTECTION DISTRICT**

*Semper Paratus Servio*



# CADET PROGRAM

## Participant Application

The Emergency Information Sheet, copy of Driver's License and copy of school transcripts must accompany this application.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Drivers License Number \_\_\_\_\_

High School \_\_\_\_\_ Counselor \_\_\_\_\_

Do you have any fire service or EMS experience? \_\_\_\_\_

What are your expectations of this program? \_\_\_\_\_

Health Insurance Company Information \_\_\_\_\_

All applicants must be at least sixteen years old. All the information included on this application must be true and accurate. The Orland Fire Protection District reserves the right to reject or accept any applicant for its Cadet Program.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ORLAND FIRE

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# CADET PROGRAM

## Emergency Information Sheet

Please clearly print all information

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

In case of emergency, whom shall we contact?

Name	Relationship	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

### Medical Conditions

- \_\_\_\_\_ Cardiac/Heart
- \_\_\_\_\_ Asthma/Respiratory
- \_\_\_\_\_ Stroke
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Vision/Hearing
- \_\_\_\_\_ Other \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No Allergic to what? \_\_\_\_\_

Note: Certain activities throughout the Cadet Program may involve a moderate degree of physical exertion. It is recommended that participants with any of the above mentioned conditions check with their physician prior to participating in the program. Participation in any portion of the program is purely voluntary and shall not be considered a requisite for acceptance.

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# CADET PROGRAM

## Release and Indemnification

For and in consideration of my participation in the Orland Fire Protection District (herein after "District"), (an Illinois municipal corporation), Cadet Program, I hereby agree to release, indemnify and hold the district, its officers, agents, employees and all personnel free, harmless and indemnified from any and all liability whatsoever for any injuries, damages and claims that I or my heirs, successors, assigns, or agents may sustain arising out of my participation in the Cadet Program conducted by the District.

Applicant Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.