



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: _____