



CARY FIRE PROTECTION DISTRICT

400 Cary-Algonquin Rd. Cary, Illinois 60013
Phone: 847-639-2121 • Fax: 847-649-4175 • Caryfire.com

CADET APPLICATION

Applicant Name _____ Date of Birth _____

Street Address _____ City _____ Zip _____

Primary Phone _____ Email Address _____

Current School _____ Grade _____

Parent/Legal Guardian _____ Primary Phone _____

In case of emergency, and Parents cannot be reached, who should be notified?

Name _____ Relationship _____ Phone _____

Do you have any medical conditions or allergies that CFPD should be aware of? Yes _____ No _____

Please Describe:

Are you taking any medications that CFPD should be aware of? Yes _____ No _____

Please Describe:

Family Physician Name _____ Phone # _____

Do you currently participate in any extra- curricular activities with school or other organizations?

If yes, please list: _____

How did you hear about the Cary Fire Protection District Cadet Program?

Why do you want to participate in the Program?

What do you feel you could bring to the Program?

Cadets are required to attend training as part of the program. Training includes the once per month cadet meetings, every other Tuesday night training and other training dates. Do you believe you will be able to attend, at minimum, 50% of the training available? Yes _____ No _____

Please Explain, if appropriate:

Applicant Signature: _____ Date: ____/____/____

Parent/ Legal Guardian Signature: _____ Date: ____/____/____

Acceptance By: _____ Date: ____/____/____