



Application

Miami Beach Fire Cadet Class 02

For Miami Beach Fire Cadet use only: complete and submit to Instructor

I. INFORMATION:

DATE: _____

Name: _____
Last First Middle

Address: _____
Street

_____ City State Zip

Home Phone: (____) _____ - _____ Work/Cell Number: (____) _____ - _____

Email: _____

Age: _____ Date of Birth: ____/____/____ Sex: **M** or **F**
MM DD YY

Social Security # _____ DL# _____

Currently Enrolled in School? **Y** or **N** Graduated or GED? **Y** or **N**

School Name: _____

Current Grade Level? **8 9 10 11 12**

Parental Information (If under 18 years of age):

Parent #1 Name: _____

Address: _____

Phone: (____) _____ - _____ Work/Cell Number: (____) _____ - _____

Parent #2 Name: _____

Address: _____

Phone: (____) _____ - _____ Work/Cell Number (____) _____ - _____

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 Explorers 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: _____