



# Shaker Pines Fire Department

## Cadet Program Application

Please print clearly.

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_

NAME OF SCHOOL ATTENDING: \_\_\_\_\_ PREVIOUS YEAR COMPLETED: \_\_\_\_\_

REASON FOR JOINING THE SHAKER PINES FIRE DEPARTMENT CADET PROGRAM:

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APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\* This application must be complete prior to submitting to the department.

\* Upon receipt of this application, an interview time and date will be scheduled. At this interview, at least one parent or guardian must be present.