



Cobb Island Volunteer Fire Dept. & EMS, Inc.

Charles County
Company 6

P.O. Box 156
Cobb Island, MD 20625

(301) 259-4258

(301) 259-4350

Application for CIVFD Cadet Program (14-15 years old)

Full Name: _____

Nickname: _____ Gender: [] male [] female

Street Address: _____

Mailing Address(if different): _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

PERSONAL INFORMATION:

Birthdate: _____ Age: _____ SSN: _____

Name of Parents
or Legal Guardians: _____

Parent's Address (if different): _____

Parents' Work Telephone: _____ Cell phone: _____

School currently attending: _____ Grade: _____

With this application, you need to provide a copy of your most recent report card, a signed Work Permit, and your parent's signature on this application.

Have you ever been in another Fire/EMS cadet program?

[] NO [] YES *If yes, provide location and dates of membership below.*

Do you have any health or mental health issues that may impact your performance as a member of this organization? [] NO [] YES *If yes, provide details.*

In order for the application to be submitted to the membership, the applicant must have completed and turned in all required information (work permit, report card). This application must be submitted to the Membership Committee for review. When completed, the application package will be presented at the next monthly meeting. If approved, the member is given probationary status for at least one year or until the applicants 18th birthday. Full membership is dependent on attendance at drills, meetings, events, demeanor, and other actions.

By signing below, the applicant and the applicants parent/guardian agrees to the application process, requirements noted. The applicant agrees to abide by the rules, regulations, and bylaws of the organization. The applicant also affirms that all information provided is true to the best of his/her knowledge, and understands the penalty for false or incomplete information on this application will be immediate expulsion from this organization.

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Parent's Printed Name: _____

Interviewed by _____ on _____

Approved Not Approved by Membership Committee _____

Approved Not Approved by Vote of the Members _____

"Buddy" partner assigned: _____ Probation ends: _____

Denied, eligible to re-apply in 3 months Denied, not eligible to re-apply

Dates the following information was submitted: Work Permit: _____

Report card: _____

Other: _____