

Guilford Volunteer Fire Department

Cadet Application

Applicant's Name _____

Address _____

Telephone Numbers (home and cell) _____

Date of Birth _____ What Grade are you currently in _____

Name of School you attend _____

Email Address _____

Why do you want to join the Cadet Program _____

Parent/Guardian Information:

Relationship _____ Guardian _____

Name _____ Address _____

Home Telephone# _____ Cell Phone # _____

Occupation _____ Employer _____

Business Phone # _____ Email Address _____

My filling out this application indicates that I am at least fourteen years of age and have completed the eighth grade or am 15 years and not yet 21. The Guilford Volunteer Fire Department sponsors the Cadet Program.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____