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## Cadet Program Application

### Applicant Information

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Name

\_\_\_\_\_

Address

\_\_\_\_\_

Email

\_\_\_\_\_

City

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Phone Number

1. Date of birth: \_\_\_\_\_
2. Are you legally authorized to work in the U.S?            Yes            No
3. Are you 16 years of age?    Yes            No
4. Do you have any commitments of responsibilities that might prevent you from meeting organization requirements? Yes            or No            *if yes please explain.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Please list any skills which you feel relate to this position.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Have you applied here before? \_\_\_\_\_

### Availability

1. What hours are you available to respond to emergency calls? \_\_\_\_\_
2. Can you be available for the following meetings and training sessions?
  - a. Monday evening, 6:00 p.m. – 9:00 p.m. (training drills) \_\_\_\_\_
  - b. Occasional Saturdays, 8:00 am – 12:00 p.m. \_\_\_\_\_



# NORTH WHIDBEY FIRE & RESCUE

360-675-1131  
Fax 360-675-0762  
admin@nwfr.org  
770 NE Midway Blvd, Oak Harbor , WA 98277

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## **Driving Record Check**

1. Do you have a valid driver's license?                      YES                      NO  
    a. Driver's license: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_

## **Parent Contact Information**

1. Name: \_\_\_\_\_ Email: \_\_\_\_\_  
    Phone: \_\_\_\_\_ Employer: \_\_\_\_\_
2. Name: \_\_\_\_\_ Email: \_\_\_\_\_  
    Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

## **References (Please list 3, not related to you)**

1. Name: \_\_\_\_\_ Email: \_\_\_\_\_  
    Phone: \_\_\_\_\_ Employer: \_\_\_\_\_
2. Name: \_\_\_\_\_ Email: \_\_\_\_\_  
    Phone: \_\_\_\_\_ Employer: \_\_\_\_\_
3. Name: \_\_\_\_\_ Email: \_\_\_\_\_  
    Phone: \_\_\_\_\_ Employer: \_\_\_\_\_



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## Parent Consent Form

Name of Applicant: \_\_\_\_\_

I am the parent or legal guardian of the person whose name appears above, and who is applying to be a member of the North Whidbey Fire and Rescue. I hereby grant permission for him/her, a minor under the age of eighteen (18), to become an active member of North Whidbey Fire and Rescue, and to participate in all activities, emergency responses, and training of the Fire Department/Fire District.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Parent Name (Please Print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Parent Address (Street, city, state, zip code)

Date this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Form 153- 1

