



Kimball Township Fire Department

1970 N. Allen Rd. Kimball, MI 48074

(810) 982-9461 Fax (810) 982-5244

FIREFIGHTER CADET APPLICATION

Please Print using Black or Blue Ink.

Name:
Age and Date of Birth:
Grade in School:
Primary Address:

Do you have your parent or guardian's permission to apply to the Kimball Township Fire Department Firefighter Cadet program? YES or NO

Parent/Guardian Name/s:
Address:
Phone Number:

Emergency Contact/s:
Name:
Phone Number:
Relation:

Emergency Contact/s:
Name:
Phone Number:
Relation:

Emergency Contact/s:
Name:
Phone Number:
Relation:

Medical Information

Primary Care Physician:
Phone Number:
Preferred Hospital:
Allergies:
Conditions:
Do you take any medications? YES or NO
If yes, please list the medication and what condition it is for.

Background Information (use another sheet of paper if more space is needed)

Note: A background check will be done as well; a felony will prevent anyone from becoming a member of the Kimball Township Fire Department.

Have you ever been arrested, ticketed, fined, etc.? (felonies, traffic tickets, misdemeanors, etc.) YES or NO
If yes, please list the date(s) and what the charge(s) was/were:

Additional Information (use another sheet of paper if more space is needed)

What interests you the most about becoming involved with the Kimball Township Fire Department?

Please list other activities, in detail, that you are involved in (sports, volunteer work, church, etc):

Applicant Signature and Date
Parent/Legal Guardian Signature and Date

KIMFD Use Only
Fire Chief Approval

Parental/Guardian Consent

My son/daughter, _____, has my permission to be a Firefighter Cadet with the Kimball Township Fire Department. I give my consent to allow _____ to be a Firefighter Cadet and do not hold the Kimball Township Fire Department and first responders or Kimball Township responsible for any actions caused by my son/daughter that is not under the direction of an Officer.

Firefighter Cadet Signature and Date
Parent/Guardian Signature and Date

Contract of Understanding

I and my son/daughter have read ALL of the Firefighter Cadet guidelines and procedures and understand the guidelines set up to outline the purpose of the Firefighter Cadets. I and my son/daughter understand that Firefighters Cadets serve as supporters of the Kimball Township Fire Department to learn the basics of firefighting and to prepare to become a member at the age of 18. I and my son/daughter understand that Firefighter Cadets are to follow all instructions from members of the Kimball Township Fire Department and that the general standard of conduct is to act in the manner of a professional. I and my son/daughter understand that he/she is expected to be courteous and respectful of other members (Junior and Regular) and to all citizens as they are representing the Kimball Township Fire Department. I and my son/daughter understand there is a “zero tolerance” policy regarding drug and alcohol use. I and my son/daughter understand that by signing this Contract of Understanding we are declaring that any violation of the guidelines is grounds for immediate dismissal. I and my son/daughter understand that any acts that violate the guidelines and that are illegal by state law will be referred to law enforcement.

Firefighter Cadet Signature and Date
Parent/Guardian Signature and Date

Acknowledge Receipt of Guidelines

I acknowledge that I and my son/daughter have received a copy of the Kimball Township Fire Department Program Guidelines and have reviewed them prior to signing these documents.