

Kingsville Volunteer Fire Company

Cadet Membership Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Current Age: _____

Home Phone: _____ Cell: _____

Email: _____

School: _____ Grade: _____

Mother: _____ Cell: _____ Email: _____

Father: _____ Cell: _____ Email: _____

Shirt Size: _____

List any additional emergency contacts: _____

Referred By: _____

As a member of the Kingsville Volunteer Fire Company Cadet Program, you will be on probation for a period of six months. At the end of that time the company will vote you on to become an active member in good standing. You must have met all of the requirements to come off of probationary status. In order to accomplish this you must attend meetings, fundraisers and trainings. Please talk with the advisor on what is coming up and how you can accomplish this goal.

READ CAREFULLY: I agree, by signing this application, as a condition of my membership, I will loyally obey the Constitution and By-Laws and Standard Operating Procedures of the Kingsville Volunteer Fire Company and Cadet Program.

Signature: _____ Date: _____

Parent / Guardian: I, the undersigned legal parent or guardian of the above named child. Hereby give my consent for my child to be a member of the Kingsville Volunteer Fire Company Cadet Program.

Signature: _____ Date: _____

Kingsville Volunteer Fire Company Cadet Program
11601 Bellvue Ave
Kingsville, MD 21087

Admin Use

Voted In: _____

Voted off Probation: _____