BROOMALL FIRE COMPANY

Cadet Firefighter Program

10 N. Malin Road, Broomall, PA 19008
Phone: 610.353.5225 Fax: 610.353.8211
www.broomallfirecompany.com

APPLICATION

Please complete all information requested.
Return via mail, fax, email (cadetdirector@broomallfirecompany.com) or drop off at the firehouse to the attention of Director-Cadet Firefighter Program.

(Please print all information)

Name: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street)

_____
(City) (State) (Zip)

Date of Birth: _____ (applicants must be at least 13 years old – not older than 16 years)

Home Phone: _____Cell Phone: _____

Email: _____

School: _____Grade: _____

Physical Impairments: _____

Allergies: _____

Other: _____

Emergency Contact Information:

Name: _____Relationship: _____

Address: _____
(Number) (Street)

_____
(City) (State) (Zip)

Home Phone: _____Work: _____Cell: _____

All Applicants:

I, the undersigned, hereby verify that all information provided in this application is true and accurate to the best of my knowledge. I also understand that falsification of any information can be justification for termination from the Broomall Fire Company Cadet Firefighter Program.

Signature: _____Date: _____

Parental/Legal Guardian Consent:

I acknowledge that as a parent/legal guardian of _____
I am granting permission for my child to participate in the Broomall Fire Company Cadet Firefighter Program.

Signature: _____Relationship: _____Date: _____

Notes: If emailing, application must be signed at program information session. No applicant can participate unless parent/legal guardian signature is on file with the director of the program.

Applicant, parent(s) or legal guardian must be present at program information session.

Please provide the applicant's shirt size: Small_____Medium_____Large_____X-Large_____