

# Belle Fourche Volunteer Fire Department

## Cadet Program Application

Please print clearly. ALL information must be filled in before application will be accepted.

Name:		Date of Birth:	Age:
Home Address:		Mailing Address: (If different)	
City:	State:	Zip Code:	
Cadet's Home Phone:		Cadet's Cell Phone:	
Cadet's e-mail address:			
Emergency Contact Name: (Father, Mother or Guardian)			Emergency Contact Phone:
Name of School Attending:			Previous Year Completed:
Applicants signature:			Date:
Parent/Guardian Signature:			Date:
Father or guardians name: (Please print clearly)		Mothers name: (Please print clearly)	

### SCHOOL COUNSELOR SECTION

Counselor Please Circle One:

**Strongly Recommend**

**Recommend**

**Conditional**

Comments by Counselor: (Continue on back if necessary)

Counselor: Does the Cadet candidate meet the required 2.0 GPA? Please circle one – Yes No

Counselors Name: (Please print)	Counselors Signature:	Date:
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Mail or drop off the completed application to:  
 Belle Fourche Fire Department  
 Cadet Program  
 605 National St.  
 Belle Fourche, SD 57717  
 605-892-6237

Additional Info:  
 Open to young men & women  
 Ages 14 – 18  
 Grades 9<sup>th</sup> – 12<sup>th</sup>  
**Must** maintain a 2.0 GPA

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**Questionnaire For Applicant Interviews.**

(Please write or print legibly, use a separate sheet if needed)

1. Do you understand that school is your primary job and that you must maintain at least a 2.0 GPA to be involved in the BFVFD cadet program? (Circle answer: Yes or No)
  
2. Do you understand that as a Cadet you cannot be utilized as a certified firefighter? (Circle answer: Yes or No)
  
3. Cadets are allowed and encouraged to participate in regular fire department activities (ie: Monthly General Meeting, Truck Company work days, FD Training, Hall cleaning, fundraising events, FD community activities, etc...) Do you understand that Cadets may be limited in participation in certain activities because of age, knowledge or safety issues that may be present? (Circle answer: Yes or No)
  
4. Why do you want to be a Cadet? \_\_\_\_\_  
\_\_\_\_\_
  
5. What do you feel you can bring to the Cadet program? \_\_\_\_\_  
\_\_\_\_\_
  
6. Do you feel that you are a team player? \_\_\_\_\_
  
7. How well do you handle authority? \_\_\_\_\_
  
8. Do you have any phobias? \_\_\_\_\_
  
9. Are you in good physical health? \_\_\_\_\_
  
10. Are there any allergies or health issues we should know about? \_\_\_\_\_
  
11. Comments/additional info you want to share (goals, hobbies, sports activities, etc...):

Received by:

Interview date:

Accepted Date/Truck Company: