

DATE RECEIVED: _____ **LOSAP NUMBER:** _____
APPLICATION FOR CADET MEMBERSHIP

LONG GREEN VOLUNTEER FIRE COMPANY

**4506 Long Green Road
Post Office Box 4009
Glen Arm, MD 21075**

**Phone: (410) 592-8337
(410) 887-5772**

**Web address: www.lgvfc.com
E-mail address: cadets@lgvfc.com**

Name: _____
FIRST MIDDLE LAST SUFFIX

Address: _____

City: _____ State: _____ Zip: _____ School Name: _____

Date of Birth: _____ Age: _____ Grade Presently In: _____ Home Number: _____

Fathers Name: _____ Work Number: _____ Ext: _____

Mothers Name: _____ Work Number: _____ Ext: _____

Doctors Name: _____ Office Number: _____ Ext: _____

SSN: _____ Physical Impairment (circle one) YES NO

PLEASE READ THE INFORMATION BELOW CAREFULLY

_____ understand that my son or daughter _____
PARENT/GUARDIAN CHILDS NAME

will be allowed to participate in any station activity of the cadet membership of Long Green Volunteer Fire Company Inc. This would include participation in training, parades, company details, dinner and other activities. I understand that if son/daughters name: _____ accidentally get hurt or disabled that the Long Green Volunteer Fire Company Inc. would not be liable in any matter. By signing this agreement you, the parent/guardian have release the Long Green Volunteer Fire Company Inc. in any and all liabilities.

Junior Cadet Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Cadet Leader Signature: _____ Date: _____

MEDICAL HISTORY AND RELEASE FORM

Name: _____

Allergies

Food: _____

Drugs/Medications: _____

Insects: _____

Illnesses

Past YES-NO Present YES-NO
Operation in the past five years YES-NO Medications YES-NO

Any physical disability or limitation of activity? _____

Physician's Name: _____ Office Phone: _____ Ext: _____

Address: _____

City: _____ State: _____ Zip: _____

Father: _____ Work: (____)_____

Mother: _____ Work: (____)_____

IN CASE OF EMERGENCY AND NIETHER PARENT CAN BE REACHED

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

To Whom It May Concern:

This is to certify that our son/daughter is a member of the Long Green Volunteer Fire Company CADET PROGRAM. In the event that they have a medical emergency, the bearer of this form has our permission to authorize medical treatment.

PARENT SIGNATURE

DATE

I, _____ understand that my son/daughter

_____ will be allowed to participate in any cadet activity of the Long Green Volunteer Fire Company. This would include participation in training, installation, active company details, dances and fire hall affairs as well as understanding that should my son/daughter become accidentally hurt or disabled that the Long Green Volunteer Fire Company will not be liable in any manner. By signing this agreement between the parents and the Long Green Volunteer Fire Company, I release Long Green Volunteer Fire Company from any and all liability.

Cadet Member Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Cadet Leader: _____ Date: _____

LONG GREEN VOLUNTEER FIRE COMPNAY

4506 Long Green Road
Post Office Box 4009
Glen Arm, MD 21057
(410) 592-8337
(410) 887-5772
www.lgvfc.com

OUT OF STATION DETAIL PERMISSION SLIP

I, _____ hereby give my permission for my
son/daughter, _____ to participate in,
_____ on the date of _____. The
_____ will be headed by _____. However I
understand that by signing this document I release the Long Green Volunteer Fire
Company from any liability should _____ be accidentally injured
during these exercises/events. By signing this agreement, I release the Long Green
Volunteer Fire Company from any and all liability.

Parent/Guardian Signature: _____ Date: _____

LONG GREEN VOLUNTEER FIRE COMPNAY

4506 Long Green Road
Post Office Box 4009
Glen Arm, MD 21057
(410) 592-8337
(410) 887-5772
www.lgvfc.com

OUT OF STATION DETAIL PERMISSION SLIP

I, Matt and Sheri Volunteer hereby give my permission for my son/daughter, Vince Volunteer to participate in, City Parade on the date of July 17, 2007. The Parade will be headed by Brandon. However, I understand that by signing this document I release the Long Green Volunteer Fire Company from any liability should Vince Volunteer be accidentally injured during these exercises/events. By signing this agreement, I release the Long Green Volunteer Fire Company from any and all liability.

Parent/Guardian Signature: Matt and Sheri Volunteer Date: 7/10/07

SAMPLE

-

STANDARD OPERATING GUIDLINES

1. No cadet will be allowed in the building past the house of 21:00 on school nights and 22:00 on non-school nights.
2. No cadet member is allowed in the station during school hours except on official school holidays or closings when there is a firefighter willing to take responsibility for the cadet
3. No cadet member is permitted to use tobacco products at or around the station of while representing the company.
4. No profanity will be allowed while in or around the station or while representing the company
5. Cadets must conduct themselves in a professional manner while in the station and while representing the company
6. All cadet members will appear neat and proper uniform when any activity representing the company
7. Cadet members must attend at least 60% of the meeting to be active; officers must attend at least 80% to hold and office.
8. Long Green Volunteer Fire Company will not be held responsible for items brought to the firehouse or functions. (Cell phones, pagers, video cameras, etc...)
9. To be eligible to attend parades and details the cadet must have proper uniform attire and a permission slip.

Sign below if you agree to abide by the above stated S.O.G.S

Cadet Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

CREATED BY THE LONG GREEN VOLUNTEER FIRE COMPANY