# **Antioch Fire Cadet Application**



#### INTRODUCTION

The Cadet Corps is established to provide young people with an interest in the fire service the opportunity to experience volunteer firefighting service to the community. With a mixture of hands on training and classroom instruction, Antioch Cadets are instructed in the basics by experienced firefighter mentors. The main goal of our program is to create opportunity for young adults to assist as interns and gain valuable knowledge in preparation for future fire service employment.

The program was started in 2009 and was originally an Explorer Post. The program was revamped in 2012 as a Cadet program to allow a more active role for the Cadets. Because of their training and experience gained as Cadets, members of the program often move up to become a member of the Antioch Fire Department. Graduates of the Cadet program that qualify to become regular members are sponsored by the department in the local fire academy.

As a Cadet, young people will also take part in a controlled ride along program that allows members to ride along with the Antioch Fire Department Duty Crew. This and many other features of our Cadet program prepare those interested in future opportunities in the FIRE and EMS service. Our Cadets are expected to demonstrate pride in the community they serve. Cadets are also expected to help with community public events.

#### REQUIREMENTS

Potential members must meet all departmental guidelines and be capable of reading and understanding assigned materials. Potential members must be aged 14-18 and live within 15 miles of the Antioch area. Each member must remain in school (unless otherwise graduated), and maintain at least a C average.

After filling out an application, the potential member—with a guardian present—will go through an oral interview process. There will also be a background check and references will be contacted. A medical release form must be signed by the youth's parent/guardian and personal physician.

Members will report to scheduled meetings and trainings, absences must be notified to the lead instructor one hour prior to the start of class. Members must also purchase a pair of black work boots and navy blue uniform pants.

Members are expected to follow ALL policies of the First Fire Protection District of Antioch/Antioch Fire Department.

Members will be dismissed from the program if they are caught possessing or are under the influence of drugs or alcohol at any time, take part in any illegal activities or participate in any actions or behaviors that are judged to be unbecoming of public safety personnel.

# Antioch Fire Cadet Corps

835 Holbek Dr Antioch, IL 60002



		PEF	RSONAL	_			
Last		First				Middle	
Street Address			City/Tow	/n		State	Zip
Email Address							
Telephone Number							
(Day)		Evening)			(Cell)		
Social Security Number	Date of Birth	, Age	e Sex	U.S. Citizen	Place of Birth		
	/ M D	/		Yes No			
	Y						
Current Grade	Current School						
Occupation (If Applicable)							
Name and Address of Current En	nployer						
Do you have a Drivers License?	License Number		State	Expiration	Restrictions		
Yes No							
	EN	<b>IERGEN</b>	ICY CON	TACTS			
Name			Relatio	onship			
Telephone							
(Day)	(E	Eve)			(Ce	ll)	
Name			Relatio	nship			
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Telephone							
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FIRE SERVICE (you may include volunteer positions)

Have you ever app	lied for the Antioch Fire Cadet Corp	s?	Have you ever applied for the An	tioch Fire Department?	
Yes No			Yes No		
If yes, when?			If yes, when?		
Are you presently a Program?	a member of an Fire Explorer/Cadet	Name a	and Address of Department (if yes)		
Yes No					
Do you hold any of	the following certifications? If yes, Date of first certification	give date first ce	ertified, level of certification , date(s Level of Certification	) of expiration, and a copy of the Expiration dat	e certificates e (certifications)
CPR					
First Responder					
Advanced First Aid					
EMT					
Have you attended issued.	any specialized training classes ar	nd/or attended a	ny fire fighting schools? If yes, list ty	/pes, dates of training and note	certificates
Would you be able	to commit to trainings and special e	events?	Yes 🗆	No 🗆	
	e to be an Antioch Fire Cadet? May		a separate sheet of paper.		

REFERENCES								
Name		Address					Telephone	
Name		Address					Telephone	
Name		Address					Telephone	
		EDUCATION						
	Nan	ne and Address	Grad	uated	Number of Years Attended	Deç	gree	Major
Middle School			Yes □	No □				
High School (If Applicable)			Yes □	No □				
College (If Applicable)			Yes □	No □				
Do/did you partici	pate in any extracurricular activ	vities in school? If yes, please specifiy						
	Ite eventione contained in this	CRIMINAL RECO						
applicable: (1) You (2) You (3) You (4) You (5) You (6) You (7) You	I have never been arrested for have been arrested but have i have been tried for a criminal have a first conviction for any (a) drunkenness (b) simple (d) minor traffic violation (e) have not been convicted of a misdemeanors where the date of this application; have felony or misdemeanor of have juvenile delinquency or of	never been tried for a criminal offense; offense but were not convicted; of the following misdemeanors: assault (c) speeding affray or (f) disturbance of the peace; criminal offense within the five years before of conviction or the termination of incar convictions which have been sealed purs child in need of services complaints whic	ore the d ceration, suant to l	late of th if any, c	is application a occurred more t tw ; or	nd yc	ou have beer five years be	n convicted of
	en arrested and convicted of a	crime? Yes  No						
If yes, please des	cribe							

#### Please Read Carefully

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if accepted, falsified statements on this application shall be considered sufficient cause for my dismissal from the Antioch Fire Cadet Corps.

## **RULES OF CONDUCT**

As a member of this youth program, you are officially a representative of this department and must act accordingly. We have worked hard to build trust and respect within the community, and actions that damage our reputation are taken very seriously. Any violations of the rules of the program or the overall department will be met with disciplinary action and/or expulsion from the program.

- 1. Members will not violate any laws or regulations of the city, state or country. Members will also abide by the rules of the department and bylaws of the program.
- 2. Members will not disrupt any meetings or ceremonies and will obey the orders of superiors. They will control their tempers and exercise patience and discretion.
- 3. Members will refrain from vulgar, violent, profane, insolent and threatening language.
- 4. Members who attend program events under the influence of drugs or alcohol will be dismissed immediately.
- 5. Members are expected to speak the truth at all times and under all circumstances.
- 6. Members shall notify the proper authorities if they gain information about a crime or accident.
- 7. Members shall treat their superior officers and peers with respect.
- Members shall not be publicly critical or derogatory of orders, instructions, policies or decisions made by superiors. All complaints shall be brought privately to the issuing party and resolved immediately.
- 9. Any documentation or information that you become privy to shall be treated as completely confidential. Revealing private information is a serious offense and shall be treated accordingly.
- 10. Members shall not accept any money, rewards or gifts meant as compensation, unless it is being donated to the program as a whole.
- 11. Members are responsible for the proper care of the department's equipment and property. Any damage that is done by, observed by or found by a program member must be reported immediately.
- 12. Members are prohibited from smoking while in uniform or at any program function or event.
- Members are not allowed to respond directly to any emergency scene in their own personal vehicle. Members cannot utilize any form of sirens or emergency lighting in their personal vehicles.
- 14. Members will not participate in any training or response that they have not been approved for by the program leaders.
- 15. Once certified to be present at an emergency scene, members shall participate only in the manners and functions that they have been certified for. They will act strictly under the control of their on-scene adult leaders as specified in the program's policy.
- 16. When at the scene of a live incident or training, members are responsible for wearing full protective gear at all times, unless directly specified by their adult leader.
- 17. Members shall not walk off an emergency scene without being dismissed by their adult lea

### **Medical Consent Authorization**

Name:	Date of Birth:	
Address:	Phone:	
Medical Provider Information:		
Insurance Provider:	Policy Number:	
Physician:	Physician's Phone:	
Physician's Address:		

#### **Known Medical Problems and Medications:**

This information is included to provide information to emergency personnel of medical problems and medications in an emergency situation.

Existing Medical Problem (Example: Asthma)	Medication Taken (Example: Combivent)	Dosage Taken (Example: 2 puffs)	<b>Dosage Frequency</b> (Example: "Twice Daily")	

#### **Medical Consent Authorization:**

In the event of an injury, accident, illness or other emergency, and if the above stated physician cannot be reached, I authorize \_\_\_\_\_myself \_\_\_\_\_my child to be treated by certified emergency personnel such as emergency medical technicians, emergency room physicians and other emergency room personnel such as nurses and laboratory technicians. I agree to accept financial responsibility for the costs related to this medical treatment.

Name	Phone	Date Signed
Name of Authorized Parent or Guardian	Phone	Date Signed

# **PARENT/GUARDIAN CONSENT FORM**

My son/daughter, \_\_\_\_\_\_, has my permission to join the Cadet program for the Antioch Fire Department. I, \_\_\_\_\_\_, give my consent to allow him/her to be part of the program and do not hold the department, its members responsible for any injuries or actions that occur under reasonable circumstances as part of this program.

Applicant signature and date

Parent/guardian signature and date

### CONTRACT OF UNDERSTANDING

My son/daughter and I have read all the guidelines, protocols and rules regarding the department's Cadet program and understand that Cadets will serve in support roles for the Antioch Fire Department as they learn and train for possible future service.

My son/daughter and I understand that members of the youth program are to follow instructions from superiors and follow department safety protocols at all times. We also understand that he/she will represent the department and act in a professional manner that is courteous and respectful at all times.

We understand that there is a "zero tolerance policy" regarding the use of alcohol and drugs while attending any department events. My son/daughter and I understand that in signing this Contract of Understanding, we are declaring that any violation of the program's/department's bylaws or standard operating procedures/guidelines will be dealt with by the program's leaders and/or department officers and may be grounds for immediate dismissal. Any acts that violate state or federal laws will be referred to the proper law enforcement agency.

Youth firefighter signature and date

Parent/guardian signature and date

I acknowledge that the parties above received a copy of the department's youth firefighter program guidelines.

Jon Cokefair, Fire Chief

signature and date

### THIS PAGE FOR FIRE DEPARTMENT USE ONLY

References checked by:			
Medical Clearance:	Yes 🛛	No 🗆	
Certificate and DL copies:	Yes 🗆	No 🗆 If	
no, what is missing?			
Interview Date:			
Interview Notes:			
Interview Committee Signature	es:		

1. Deputy Chief Jim Cook

2. Lead Advisor FF/PM Marianne Peistrup

3. FF/EMT Blake Radke

4. <u>FF/Paramedic Jarod Edmonds</u>

### THIS PAGE FOR FIRE DEPARTMENT USE ONLY

Application reviewed by:		Rec	Recommend for acceptance		
				Y	Ν
				Y	Ν
				Y	Ν
				Y	Ν
Accepted:	Yes 🛛	No 🗆			
If yes, date of acc	ceptance:				