

**SEALY VOLUNTEER FIRE DEPARTMENT  
CADET PROGRAM  
APPLICATION FOR MEMBERSHIP**

**Name:** \_\_\_\_\_  
Last First Middle

**Physical Address:** \_\_\_\_\_  
Street City, State Zip Code

**Mailing Address:** \_\_\_\_\_  
Street City, State Zip Code

**How long have you lived at your present address** \_\_\_\_\_  
Years Months

**Telephone Number** (\_\_\_\_) \_\_\_\_\_ **Other** (\_\_\_\_) \_\_\_\_\_

**Pager Number:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
Month Day Year

**Sex** Male \_\_\_\_ Female \_\_\_\_ **Blood Type** \_\_\_\_\_

**Have you had a major illness or injury in the last two years?** Yes \_\_\_\_ No \_\_\_\_

**If yea please describe illness / injury:** \_\_\_\_\_

**Do you have any medical condition that would prevent you from carrying out the duties and responsibilities of the position for which you are applying?**

Yes \_\_\_\_ No \_\_\_\_ **if yes pleas describe:**

\_\_\_\_\_

\_\_\_\_\_

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**Have you ever filed an application with us before? Yes \_\_\_\_\_ No \_\_\_\_\_**

**In case of Emergency, Notify:** \_\_\_\_\_  
Name

Address Phone Numbers Relationship

\_\_\_\_\_  
Name

Address Phone Numbers Relationship

**Personal Physician:** \_\_\_\_\_  
Name Address Phone Number

**School currently attending:** \_\_\_\_\_

**Circle current grade level 9 10 11 12**

**List Two (2) School Instructors we can contact for reference:**

\_\_\_\_\_  
Name Department School Phone Number

\_\_\_\_\_  
Name Department School Phone Number

**Do you know anyone currently serving in the Sealy Volunteer Fire Department?**  
Yes \_\_\_\_\_ No \_\_\_\_\_

**If Yes Who :** \_\_\_\_\_

\_\_\_\_\_

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**Why do you want to join the Sealy Volunteer Fire Department Cadet Program?**

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**APPLICANT'S STATEMENT**

I hereby authorize the Sealy Volunteer Fire Department to make any investigation of my personal history, medical, and background through any investigative agencies or other means the Sealy Volunteer Fire Department chooses to use.

I hereby certify that all statements made on this application are true, correct and complete to the best of knowledge and belief. Any misrepresentation, inaccuracy, or omission I have made on this application may be cause for Sealy Volunteer Fire Department to either negate this application or terminate my membership at anytime in the future.

In making this application for membership, I hereby authorize the Sealy Volunteer Fire Department to make an investigation whereby information may be obtained through oral or written contact with my neighbors, friends, teachers, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I hereby release from liability the Sealy Volunteer Fire Department, the employees, corporations or organizations furnishing said information, as well as any other persons the Sealy Volunteer Fire Department may contact.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parents or Guardians Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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**Parents or Guardians Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

\_\_\_\_\_ **FIRE DEPARTMENT USE ONLY** \_\_\_\_\_

**Date application accepted:** \_\_\_\_\_ **Fire Chief Signature:** \_\_\_\_\_

**Date application Rejected:** \_\_\_\_\_ **Cadet Advisor Signature:** \_\_\_\_\_

**IF REJECTED PLEASE WRITE COMMENTS / REASONS BELOW**

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**PARENTS CONSENT TO PARTICIPATION OF MINOR IN THE ACTIVITIES  
OF THE SEALY VOLUNTEER FIRE DEPARTMENT**

**THE STATE OF TEXAS )  
COUNTY OF AUSTIN    )**

**KNOW ALL MEN BY THE PRESENTS:**

That we, the undersigned, are the legal (parents) (guardians)

of \_\_\_\_\_, a minor.

That whereas the said minor desires to participate in the firefighting, rescue, and all other activities of the Sealy Volunteer Fire Department, a volunteer association, we the undersigned, for and consideration of the said volunteer association allowing said minor to participate in any of the activities have consented and do hereby unqualifiedly consent to, agree to and request, the participation of the said minor in any or all of the activities of said volunteer association.

That we, the undersigned, fully realize that there are many risks and dangers of bodily injury or death associated with the activities of the said volunteer association.

Premises considered, we, the undersigned do hereby covenant, promise and agree to waive any and all claim or claims or cause of action and further agree to hold harmless and indemnify the said volunteer association, its officers, directors, members, agents, or sponsoring organization, governmental subdivision arising or accruing out of or incidental to the participation of said minor in any of the activities or functions of said volunteer association.

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**EXECUTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, A.D \_\_\_\_\_**

**Parents or Guardians:** \_\_\_\_\_  
Signature Address

\_\_\_\_\_  
Signature Address

**THE STATE OF TEXAS )  
COUNTY OF AUSTIN )**

**BEFORE ME**, the undersigned authority, on this day personally appeared

\_\_\_\_\_ and \_\_\_\_\_  
Known to me to be the persons whose names are subscribed to the foregoing instrument of writing, and acknowledge to me that they executed the said instrument for the purposes and consideration therein expressed.

**GIVEN UNDER MY HAND AND SEAL OF OFFICE, This the \_\_\_\_\_ day of**

\_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public, County of Austin, State of Texas

**Notary Seal:** \_\_\_\_\_

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**MEDICAL STATEMENT**

This is to certify that I, \_\_\_\_\_, have read and understand the duties and responsibilities of the position for which I am applying with the Sealy Volunteer Fire Department, and I hereby certify that I am physically and mentally capable of performing the duties and responsibilities required of this position.

I agree to hold harmless forever the Sealy Volunteer Fire Department, its Board of Directors, its Members, its Officers, the Commissioners of Emergency Services District # 2, and any agents, employees or persons who may act either in an official capacity representing the aforementioned entities or who may act in a personal capacity, from any lawsuit, civil, or criminal action, arising out of any medical condition, either physical or mental, that I may have had, whether successfully treated or not, before my acceptance as a member of the Sealy Volunteer Fire Department.

**Signed,**

\_\_\_\_\_ **Date** \_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_ **Date** \_\_\_\_\_  
Notary Public Signature

**Notary Seal:** \_\_\_\_\_