



FIRE CADET PROGRAM

TO: Parents of Fire Cadet Applicants
FROM: Town of Fond du Lac Volunteer Fire Department
RE: Fire Cadet Application

Dear Parents:

Your child has requested an application to become a Fire Cadet with this department.

Please review the attached Operating Guideline and Parental Consent Form. If you grant permission for their membership with this Fire Department, please complete the consent form below and return it to the Fire Department. If you have any questions, please contact Tony Esposito at 929-7457

PARENTAL CONSENT FORM

We have reviewed the application and operating guidelines relating to the Fire Cadet program and understand the requirements of being a Fire Cadet.

We also understand our child's performance, responsibilities and duties as a Fire Cadet with the Town of Fond du Lac Volunteer Fire Department.

We hereby give _____ our consent to become a Fire Cadet with the Town of Fond du Lac Volunteer Fire Department.

Parents or Guardian: _____ Date: _____
(Print Name)

Address: _____

City: _____ State: _____ Zip: _____

Parents or Guardian: _____ Date: _____
(Print Name)

Address: _____

City: _____ State: _____ Zip: _____

Signatures of Parents/Guardians:

_____ Relationship: _____

_____ Relationship: _____