



# Tallahassee Fire Department

## Fire Cadet Application

Name: \_\_\_\_\_  
LAST MIDDLE FIRST

Address: \_\_\_\_\_  
STREET  
\_\_\_\_\_  
CITY STATE ZIP

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: **M** or **F**

Social Security #: \_\_\_\_\_ DL#: \_\_\_\_\_

(\*SS# mandatory for 17 years or older to perform background check)

Currently Enrolled in School? **Y** or **N**

School Name: \_\_\_\_\_

Current Grade Level: **8 9 10 11 12 12+**

### Parent/Guardian Information (If Under 18 years of Age)

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Applicant Medical History**

Medical Issues: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Any Other Medical Concerns: \_\_\_\_\_

\_\_\_\_\_  
**APPLICANT SIGNATURE** **DATE**

\_\_\_\_\_  
**PARENT GUARDING SIGNATURE (if under 18)** **DATE**