

Good Will Fire Company  
401 South St  
New Castle, DE 19720  
302-328-2211  
www.gwfc.com

## Cadet Program Membership Application

1. Applicant shall be between the ages of 14-17.
2. Applicant shall provide a copy of their birth certificate.
3. Applicant shall obtain signed approval from a parent/legal guardian.
4. Applicant shall provide a copy of their most recent high school report card.
5. Applicant shall provide a signed physical examination form that was obtained within the last 6 months.
6. Application must be printed or typed in blue or black ink.
7. If the applicant has been affiliated with any other Fire/EMS organization, a letter of recommendation on company letterhead from the Chief or President of the organization, as well as all training records, must accompany the application.
8. Any question that is not applicable shall be indicated with "N/A" in the appropriate area. No areas shall be left blank.
9. All information shall be current and accurate. Any information withheld or found to be false will result in rejection of the applicant. It is the responsibility of the applicant to provide the Good Will Fire Company with any informational updates after submittal of the application.
10. The applicant shall return a completed application to the Chief of the Good Will Fire Company for review.
11. The Chief shall confidentially review the application and all other documents submitted by the applicant.
12. The applicant shall receive notification regarding the time, date and location of an interview with the Chief no less than 5 days prior to the interview date.
13. The Chief shall interview and advise the applicant of the Cadet Program requirements.
14. The Good Will Fire Company reserves the right to reject any prospective applicant.
15. If accepted as a member in the Cadet Program of the Good Will Fire Company, the Fire Chief shall introduce the new Cadet to the general membership at the next company meeting.

## Personal Information

Applicant's Full Name \_\_\_\_\_  
Last First MI Suffix

Address \_\_\_\_\_  
Street City State Zip Code

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

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

## Education

Name of School \_\_\_\_\_

Highest Grade Completed \_\_\_\_\_

Date of Graduation/Expected Date of Graduation \_\_\_\_\_

What Type of Diploma/Degree \_\_\_\_\_

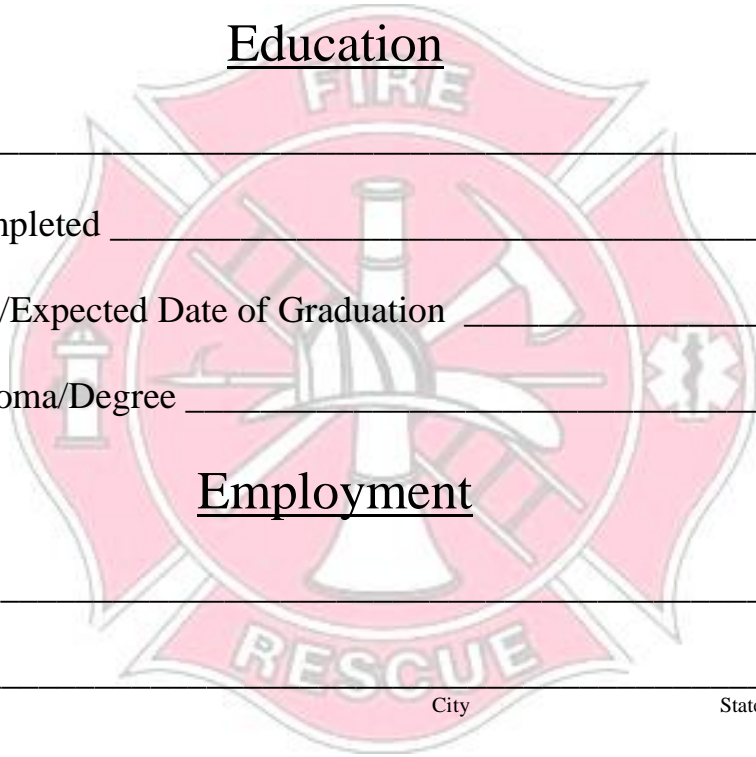
## Employment

Current Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Job Title \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_



## General Questionnaire

Please explain why you would like to become a cadet at the Good Will Fire Company. \_\_\_\_\_

\_\_\_\_\_

Have you ever been a member of another Fire/EMS Company? \_\_\_\_\_

If yes, which company? \_\_\_\_\_

(If yes, include your training records in this application)

What skills that you possess do you feel will benefit the Good Will Fire Company?

\_\_\_\_\_

\_\_\_\_\_

How much time do you feel you can dedicate to the Good Will Fire Company?

\_\_\_\_\_

Do you have any medical condition, handicap, challenge, concern, etc. that may hinder your performance in any physical activity that pertains to firefighting, rescue, or EMS? \_\_\_\_\_

If yes, please describe them \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any fears or phobias that may hinder your performance in any activity pertaining to firefighting, rescue or EMS? \_\_\_\_\_

If yes, please describe them \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you currently take any medications? \_\_\_\_\_ If yes, please list them \_\_\_\_\_

\_\_\_\_\_

## References

Please list the names of three references that are not related to you. We may call these references to ask them questions regarding you.

### Reference #1

Reference's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Reference's Relationship to Applicant \_\_\_\_\_

How Long Have You Known This Reference? \_\_\_\_\_

### Reference #2

Reference's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Reference's Relationship to Applicant \_\_\_\_\_

How Long Have You Known This Reference? \_\_\_\_\_

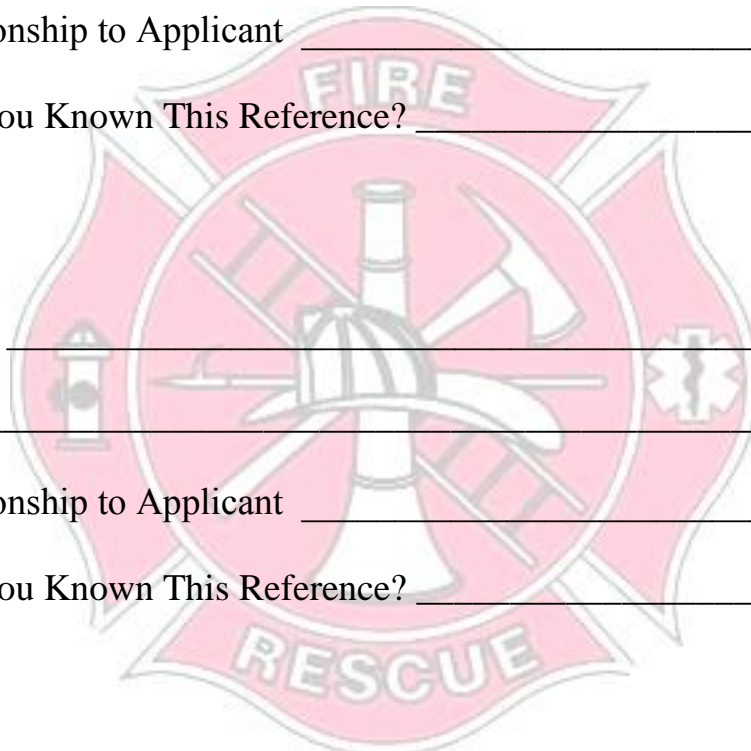
### Reference #3

Reference's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Reference's Relationship to Applicant \_\_\_\_\_

How Long Have You Known This Reference? \_\_\_\_\_



## Parental Consent Form

By signing this form, you have given the Good Will Fire Company the right to investigate any and all statements in this application. False, misleading and/or substantive omission of information may be sufficient cause for termination of consideration, or for dismissal if already a member. If accepted as a cadet member of the Good Will Fire Company, you agree to abide by the existing Fire Company by-laws, Standard Operating Guidelines, Child Labor Laws of the State of Delaware and any Fire Company by-laws, guidelines and/or rules that may become effective during your membership with the Good Will Fire Company.

Upon reaching the age of 18, you will be required to submit the following information to the Good Will Fire Company for the continuity or regular membership:

- A complete and certified copy of your driving record, obtained from the Delaware Department of Motor Vehicles or the Department of Motor Vehicles in the state of license issuance.
- A complete and certified criminal background check obtained from an agency as determined by the Good Will Fire Company.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## Parental Statement of Understanding

I verify that I, the parent/legal guardian of \_\_\_\_\_, have read and understand the application for cadet membership at the Good Will Fire Company and the Cadet Program Guidelines. I have asked any questions about the program that I have concern for. I also understand that I may contact the Fire Chief or the Cadet Program Manager of the Good Will Fire Company with any additional questions that I may have. I give permission for my \_\_\_\_\_, \_\_\_\_\_, to participate in the fire company activities as outlined in the Cadet Program Guidelines.

Signature of Parent/Legal Guardian \_\_\_\_\_

Printed Name of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of Applicant Witness \_\_\_\_\_

### FOR FIRE DEPARTMENT USE ONLY

Date of Review \_\_\_\_\_

Fire Chief's Recommendation \_\_\_\_\_

Date of Application Receipt \_\_\_\_\_

Received By \_\_\_\_\_

