



TOWN OF NEWINGTON

Newington Volunteer Fire Department Cadet Division



617 Maple Hill Avenue, Newington, Connecticut 06111
Voice: 860-667-5905

ABOUT THE PROGRAM

The mission of the Newington Volunteer Fire Department Cadet Division is to educate the youth of the Town of Newington about all aspects of the fire service. This is accomplished through classroom training and hands-on experience, as well as supporting and observing firefighters at emergency incidents. Upon completion of the program, cadets will have learned valuable life skills such as leadership, trust, goal setting, teamwork, responsibility, communication, respect and honesty, which will bring them one step closer to becoming a productive, contributing member of their community.

PARENTAL CONSENT

Dear Parent or Guardian,

Your son/daughter, _____, has shown interest in joining the Newington Fire Department Cadet Division. In order to process his/her application, your signature must appear in all required places in this application packet.

Your signature below gives the Newington Fire Department/Cadet Division the right to conduct a background check on your child, contact references that he/she provided about him/her, and subject your son/daughter to an agility pre-test (given by a town firefighter) along with a physical by the town physician.

Please note that periodically, we will send home a form on which we ask you to indicate whether or not your child is making appropriate academic progress. Cadets must maintain passing grades at all times to continue participation in the program.

Any questions can be addressed to the Coordinator of the Newington Fire Department Cadet Division at 860-667-5905.

I have read the statements above and I authorize my son/daughter to join the Newington Fire Department's Cadet Division.

Parent/Guardian Signature: _____ Date: _____

PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

APPLICANTS NAME: _____

HOME ADDRESS: _____ TOWN: _____ ZIP CODE: _____

DATE OF BIRTH: ___ / ___ / ___ SOCIAL SECURITY NUMBER: _____ SEX: M F

CELL NUMBER: _____ HOME NUMBER: _____

E-MAIL ADDRESS: _____ YEARS IN NEWINGTON: _____

EDUCATION (ALL CADETS MUST BE ENROLLED AN INSTITUTION OF SECONDARY EDUCATION)

NAME OF SCHOOL: _____

CITY/STATE IN WHICH SCHOOL IS LOCATED: _____

DATE OF ENROLLMENT: _____ EXPECTED DATE OF GRADUATION: _____

EXTRA-CURRICULAR ACTIVITIES OR ATHLETICS: _____

IF SO, WHEN DO THEY MEET? _____

EMPLOYMENT

EMPLOYER: _____ PHONE NUMBER: _____

JOB TITLE: _____ DATES: FROM ___ / ___ TO ___ / ___

HOURS/WEEK: _____ DAYS AND TIMES: _____

MOTOR VEHICLE HISTORY

OPERATOR'S LICENSE NUMBER: _____ STATE: _____

MOTOR VEHICLE VIOLATIONS: _____

HAS YOUR LICENSE EVER BEEN SUSPENDED? YES _____ NO _____

REASON: _____

GENERAL MEDICAL HISTORY OF APPLICANT (FOR USE IN CASE OF EMERGENCY)

MEDICAL CONDITIONS: _____

ALLERGIES: _____

PHYSICAL LIMITATIONS: _____

OTHER PERTINENT INFORMATION: _____

REFERENCES

(MUST BE NON-RELATED, AT LEAST 18 YEARS OF AGE & HAVE KNOWN APPLICANT FOR AT LEAST 2 YEARS)

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ TOWN: _____ ZIP: _____

BEST NUMBER AND TIME TO CONTACT THEM: _____

RELATIONSHIP: _____ PHONE #: _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ TOWN: _____ ZIP: _____

BEST NUMBER AND TIME TO CONTACT THEM: _____

RELATIONSHIP: _____ PHONE #: _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ TOWN: _____ ZIP: _____

BEST NUMBER AND TIME TO CONTACT THEM: _____

RELATIONSHIP: _____ PHONE #: _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ TOWN: _____ ZIP: _____

BEST NUMBER AND TIME TO CONTACT THEM: _____

RELATIONSHIP: _____ PHONE #: _____

EMERGENCY CONTACTS

IN CASE MY PARENT OR GUARDIAN CANNOT BE REACHED, IN THE EVENT OF AN EMERGENCY MY PARENT/GUARDIAN DESIGNATES THE FOLLOWING EMERGENCY CONTACTS:

NAME: _____ RELATION: _____ PHONE #: _____

NAME: _____ RELATION: _____ PHONE #: _____

NAME: _____ RELATION: _____ PHONE #: _____

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

RULES AND REGULATIONS ACKNOWLEDGEMENT

I, _____, have read and fully understand these Rules and Regulations that have been provided to be by the Newington Fire Department Cadet Division. I understand that they are set for my safety and the safety of others. I agree to live by these Rules and Regulations while I am a member of the Cadet Division. I also understand, that if I break any of these rules or regulations, that I will be subject to disciplinary action accordingly, which can include the termination of membership with the Cadet Division.

CADET CANDIDATE SIGNATURE: _____ DATE: _____

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

ATTESTATION

I have read the above application and certify that the information I have given is correct and true, any falsification on this application will be grounds for immediate disqualification of this application and/or dismissal from the Newington Fire Cadet Division. I understand that the Newington Fire Cadet Program does not discriminate against race, age, sex or religion.

CADET CANDIDATE SIGNATURE: _____ DATE: _____

CADET CANDIDATE PRINTED NAME: _____

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

PARENT / GUARDIAN PRINTED NAME: _____

THE APPLICATION PROCESS:

Step 1 – Review the Cadet Rules & Regulations.

Step 2 – Complete this application. Make sure that you AND your parent/guardian has signed in all of the requested places.

Step 3 – Complete the "MEMBERSHIP UPDATE FORM" (attached to this application). This form is necessary to issue you your department ID card and enter you into our computerized fire report writing system.

Step 4 – Detatch the last page (waiver form), complete it and have it notarized. This can be done at the Newington Town Clerk's office at Town Hall, or using any Notary Public of your choice. You may turn in this form with your application if it is completed. If not, you may bring it with you on the night that you are sworn in.

Step 5 – Call 860-667-5905 to make arrangements to drop off the application packet. Once the completed application packet has been received, your application will be processed, references will be called and you will be sent to Hartford Medical Group for a physical **AT OUR EXPENSE**.

Step 6 – Once your references have been checked, application processed and you have been cleared by Hartford Medical Group, we will contact you and let you know when you will be sworn in.



TOWN OF NEWINGTON

1485 Main Street Newington, Connecticut 06111

Newington Volunteer Fire Department

MEMBERSHIP UPDATE

LAST NAME: _____ FIRST NAME: _____ M.I.: _____ SUFFIX: _____ STAFF I.D. _____
(LAST 4 OF SS#)

STREET ADDRESS _____ STATION ASSIGNED: 1 2 3 4 SHIFT: DAY OR EVENING

CITY/TOWN: _____ STATE: _____ ZIP CODE: _____ STATUS: _____ (ACTIVE, RETIRED, LEAVE)

RANK: _____ (CHIEF, DEPUTY CHIEF, CAPTAIN, LIEUTENANT, EMT/FIREFIGHTER, PARAMEDIC/FIREFIGHTER,
FIREFIGHTER, FIRE MARSHAL, DEPUTY FIRE MARSHAL)

DATE OF BIRTH: ____/____/____ HIRE DATE: ____/____/____ (SWORN IN DATE)

HOME PHONE #: _____ WORK PHONE #: _____ CELL PHONE #: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACTS

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

ADDRESS #2: _____

CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

CONTACT TYPE: _____ (CHILD, PARENT, SIBLING, SPOUSE)

HOME PHONE #: _____ WORK PHONE #: _____ CELL PHONE #: _____

ADMINISTRATIVE INFORMATION

SOCIAL SECURITY #: _____ GENDER: _____ (MALE OR FEMALE)

DRIVER'S LICENSE #: _____ CLASS: _____

HEIGHT: _____ EYE COLOR: _____ ALLERGIES: _____

FIRE CERTIFICATION NUMBER: _____ EMS CERTIFICATION NUMBER: _____

CURRENT CERTIFICATIONS:

FIREFIGHTER _____ FIREFIGHTER/HAZMAT _____ FIREFIGHTER/HAZMAT/EMT _____ FIREFIGHTER/HAZMAT/MRT _____



TOWN OF NEWINGTON

1485 Main Street Newington, Connecticut 06111

Newington Volunteer Fire Department



NEWINGTON VOLUNTER FIRE DEPARTMENT MINOR

NON-MEMBER RELEASE, INDEMNIFICATION AND HOLD HARMLESS FORM

For and in consideration of my child's participation in activities associated with observing and engaging in fire operations and functions of the Newington Volunteer Fire Department by riding in a vehicle operated by members of the Newington Volunteer Fire Department and/or by any and all other means of observation and fire suppression whatsoever and further being aware of the risks of physical injury or harm that may result from such participation, I voluntarily elect to allow my child the opportunity to observe and engage in fire operations and functions of the Newington Volunteer Fire Department and I hereby assume and all risks to my child that may result from such participation.

On my behalf, and on the behalf of my child and my/his or her personal heirs representatives successors and assigns, I hereby release, indemnify and save harmless the Town of Newington and the Newington Volunteer Fire Department their officers, employees, volunteers, designees, consultants, agents and directors (hereinafter representatives) from all claims and liability of whatever nature arising from any act, omission, negligence or otherwise of the Town of Newington or the Newington Volunteer Fire Department, or their representatives. This includes, but is not limited to any injury to any person or to any property of any person or any harm, injury, or damage, whether foreseen or unforeseen, which my child, may suffer while participating in the above programs. This release, Indemnification and Hold harmless Agreement shall include indemnity against all costs (including without limitation, reasonable attorneys fees and court costs), expenses and liabilities incurred in or in connection with any such claim or proceeding brought thereon and in defense thereof.

I have read and understand the Release and Indemnification and Hold Harmless Form. I voluntarily sign it. I realize by signing this document that I am giving up my legal rights to which I might be entitled.

In WITNESS WHEREFORE, the undersigned has affixed his hand and seal, at Newington, Connecticut this _____ day of _____.

Signature of Applicant

Signature of Parent/Guardian

Name (Print) _____

Address: _____

Emergency Phone: _____

Subscribed and sworn to me this _____ day of _____

Notary Public

Accepted:
Newington Fire Department Station# _____

BY: _____ Unit: _____