



# Broward Sheriff's Office Fire Rescue Cadet Program Application Form



**Sheriff Scott Israel**

## **NATURE OF WORK**

Cadets receive training on basic fire rescue operations. Cadets may have the opportunity to demonstrate their learned skills while competing against other Cadet Programs throughout the county, state and/or nation during training seminars. Upon successful completion of the fire rescue training program the Cadet may participate in the ride-a-long program (active duty with fire rescue personnel). The Cadet's most important job will be to use his/her learned skills to serve their community and its citizens in a positive manner. Cadets must uphold high standards of paramilitary discipline, respect, honor and dedication to excellence in all areas of their lives.

## **REQUIREMENTS AND NECESSARY DOCUMENTS**

To participate in the Cadet Program at the Broward Sheriff's Office, all candidates must:

1. Be between 14 and 17 years of age to join the program; participants may remain in the program until they turn 21 years of age
2. Be a United States Citizen or lawful resident alien
3. Must have proof of active enrollment in school and maintain a 2.0 or higher GPA while in the program.
4. Be drug (illegal) free, including alcohol and tobacco.
5. Have good moral character as determined by a background check and must not have a criminal or gang background or involvement.
6. Provide copies of his/her birth certificate, social security card, photo ID (driver's license if applicable) and a copy of their parents/guardians driver's license.
7. Be 100% committed to attend mandatory weekly meetings and assigned details (at least two details a month).
8. Have 100% support from parents/guardians to join the program.

In addition, all candidates should provide a copy of their health insurance card/information, and should have a career interest in fire rescue and/or a community service-related field.

## **CLOSING DATE**

Open until positions are filled

## **HOW TO APPLY**

Applications may be obtained at the Broward Sheriff's Office Public Safety Building, 2601 West Broward Boulevard, Fort Lauderdale, Florida 33312, or online at <http://www.sheriff.org>. Completed applications should be mailed to:

Broward Sheriff's Office  
Fire Rescue Cadet Program  
Attention: Lieutenant John A. Schneider  
2601 West Broward Boulevard  
Fort Lauderdale, FL 33312

## **QUESTIONS?**

Contact the BSO Cadet Program by calling Lieutenant John Schneider, Lead Advisor, at 954-818-2698 or by email: [john\\_schneider@sheriff.org](mailto:john_schneider@sheriff.org)

The Broward Sheriff's Office is an equal opportunity agency and does not discriminate on the basis of age, citizenship (including citizenship status), color, disability, marital status, national origin, race, religion, sex or sexual orientation.



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**Please complete the following form electronically, print, and notarize where required before mailing to the address listed on page 1 of this application. Do not leave any field blank. Enter "n/a" if not applicable.**

\_\_\_\_\_  
Position Applying For

\_\_\_\_\_  
Referred By (Include employee name, CCN number and relationship to applicant, if applicable)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Date of Birth and Age

\_\_\_\_\_  
Social Security Number

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

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Zip Code

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

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

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

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Place of Birth (County, State and Country)

\_\_\_\_\_  
Race

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Height

\_\_\_\_\_  
Weight

\_\_\_\_\_  
Eye Color

\_\_\_\_\_  
Hair Color

\_\_\_\_\_  
List any scars, marks or tattoos

By signing this document, I certify that all of the information on this entire application is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of this application, removal of my name from consideration or dismissal from service. **I understand that the Broward Sheriff's Office is a drug-free workplace and that all Cadets must be drug-free.**

I understand that this application is the property of the Broward Sheriff's Office and information contained herein is public record. I am also attesting that I understand and meet all of the minimum requirements of the program.

\_\_\_\_\_  
Print Applicant's Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
D.O.B. or SSN

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian's Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
D.O.B. or SSN

\_\_\_\_\_  
Date



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## EDUCATION AND TRAINING BACKGROUND

List all education/training which you feel relates to the position for which you are applying. Describe in sufficient detail to demonstrate that you meet the minimum requirements of the position.

## HIGH SCHOOL INFORMATION

YES	NO		
Are you currently enrolled in high school?		If you have graduated, provide the year	
Name of High School		High School Phone Number	
Current Grade Level		What is your G.P.A.?	

List any clubs or organizations of which you are a member or activities in which you participate

## COLLEGE/UNIVERSITY/TRADE SCHOOL INFORMATION

YES	NO		
Are you currently enrolled?		If you have graduated, provide the year	
Name of College / University / Trade School		School Phone Number	
Current Grade Level		What is your G.P.A.?	

Major Course of Study

List any clubs or organizations of which you are a member or activities in which you participate

YES	NO	YES	NO
If not in school, have you graduated?		Or do you have a G.E.D.?	

Describe your future educational plans

List any and all certifications, qualifications or licenses in any area



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## DRIVER'S LICENSE INFORMATION

      YES                  NO        
Do you have a valid driver's license?    If yes, in which state was it issued?    Driver's License #      Date of Expiration

## EMPLOYMENT HISTORY

Please list all full-time and part-time work experience which you feel relates to the position for which you are applying. Start with the most recent related position and work back. Major changes in duties or job titles with the same employer should be listed as separate positions. Describe job duties in sufficient detail to demonstrate that you meet the minimum requirements of the position. Use additional sheets in the same format if necessary.

### MOST RECENT POSITION

\_\_\_\_\_  
Title of Position

\_\_\_\_\_  
Employer      Complete Employer Address (Include Zip Code)

\_\_\_\_\_  
Start Date (M/D/Y)      End Date (M/D/Y)      Total Time with Employer (Years, Months)      Hours per Week

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
Name/Title of Supervisor      Supervisor's Telephone Number

\_\_\_\_\_  
Description of Job Duties

### NEXT MOST RECENT POSITION

\_\_\_\_\_  
Title of Position

\_\_\_\_\_  
Employer      Complete Employer Address (Include Zip Code)

\_\_\_\_\_  
Start Date (M/D/Y)      End Date (M/D/Y)      Total Time with Employer (Years, Months)      Hours per Week

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
Name/Title of Supervisor      Supervisor's Telephone Number

\_\_\_\_\_  
Description of Job Duties



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## MOST RECENT POSITION

\_\_\_\_\_  
Title of Position

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Complete Employer Address (Include Zip Code)

\_\_\_\_\_  
Start Date (M/D/Y)

\_\_\_\_\_  
End Date (M/D/Y)

\_\_\_\_\_  
Total Time with Employer (Years, Months)

\_\_\_\_\_  
Hours per Week

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
Name/Title of Supervisor

\_\_\_\_\_  
Supervisor's Telephone Number

\_\_\_\_\_  
Description of Job Duties

## MOST RECENT POSITION

\_\_\_\_\_  
Title of Position

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Complete Employer Address (Include Zip Code)

\_\_\_\_\_  
Start Date (M/D/Y)

\_\_\_\_\_  
End Date (M/D/Y)

\_\_\_\_\_  
Total Time with Employer (Years, Months)

\_\_\_\_\_  
Hours per Week

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
Name/Title of Supervisor

\_\_\_\_\_  
Supervisor's Telephone Number

\_\_\_\_\_  
Description of Job Duties



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Please answer the following four questions by circling the appropriate response. If you answer yes to any of the questions, make sure to provide detailed information in the corresponding box.

### CONTROLLED SUBSTANCE/DRUG USE

Have you ever illegally used drugs or controlled substances? YES NO

Do you now or have you ever illegally possessed, supplied, or sold any drugs or controlled substances? YES NO

If you answered yes to one or both questions above, provide details below:

Name of Drug/Controlled Substance	First Used on (Month/Year)	Last Used on (Month/Year)	Total Times Used
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### CRIMINAL HISTORY

Have you ever been arrested or detained by any law enforcement agency? YES NO

Have you ever been convicted of, or have you ever been found to have committed any civil or criminal law violations? YES NO

If you answered yes to one or both questions above, provide details below:

Charge, Law Violation or Circumstance	Location (City/State)	Detention, Disposition, or Penalty	Date of Office (M/Y)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By signing this document, I certify that all of the information provided is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of my application, removal of my name from consideration, or dismissal from service.

Print Applicant's Full Name	Signature	D.O.B. or SSN	Date
_____	_____	_____	_____
Print Parent/Guardian's Full Name	Signature	D.O.B. or SSN	Date
_____	_____	_____	_____



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**Sheriff Scott Israel**

## PARENTAL INFORMATION

\_\_\_\_\_  
Father/Guardian Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip Code

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

\_\_\_\_\_  
Work Phone

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

\_\_\_\_\_  
Mother/Guardian Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip Code

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

\_\_\_\_\_  
Work Phone

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

## EMERGENCY CONTACT INFORMATION

In the event of an emergency and the parent/guardian is unavailable, please list two individuals to be contacted.

\_\_\_\_\_  
Contact #1

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip Code

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

\_\_\_\_\_  
Work Phone

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

\_\_\_\_\_  
Contact #2

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip Code

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

\_\_\_\_\_  
Work Phone

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



# Broward Sheriff's Office Fire Rescue Cadet Program Application Form



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## APPLICANT'S MEDICAL HISTORY

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Race

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

## MEDICAL INFORMATION

\_\_\_\_\_  
Health/Accident Insurance Company

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

\_\_\_\_\_  
Policy Number

Are you now, or have you ever been, subject to (please answer yes or no):

Asthma	YES	NO	Fainting Spells	YES	NO	Convulsions	YES	NO
Diabetes	YES	NO	Heart Trouble	YES	NO	Bleeding Disorders	YES	NO
Allergy(ies) to any medication, food, plant, insect bite or other material or substance							YES	NO

\_\_\_\_\_  
If you answered yes to any of the above, please list the allergies

Do you have any condition that may require special care, medication, or diet? YES NO

\_\_\_\_\_  
If you answered yes to the above, please explain

Are you taking any medication? YES NO

\_\_\_\_\_  
If you answered yes to the above, please explain

Are there any restrictions placed on you for any reason, including medical? YES NO

\_\_\_\_\_  
If you answered yes to the above, please explain





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## APPLICANT'S / PARENTAL AUTHORIZATION FOR MEDICAL TREATMENT

This medical history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to medical personnel and/or physician, selected by the adult leader in charge, to treat my son/daughter (listed applicant) for any medical or surgical emergency as deemed necessary by medical personnel and/or physician.

\_\_\_\_\_  
Print Applicant's Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian's Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

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



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**Sheriff Scott Israel**

I solemnly swear and affirm that the answers that I have made to each and all of the questions are true and complete to the best of my knowledge and belief. I agree and understand that any misstatements of material facts contained herein will be cause for forfeiture on my part to all rights to membership in the Broward Sheriff's Office Fire Rescue Cadet Program.

I hereby authorize the Broward County Sheriff's Office to verify any and all facts listed on this application, and to contact any references I have listed.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

As the parent/guardian of the minor child applying for membership to the Broward County Sheriff's Office Fire Rescue Cadet Program, I hereby give my permission for my child to become a member of the Broward County Sheriff's Office Fire Recsue Cadet Program.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Issuing State

STATE OF FLORIDA        )  
                                      )  
COUNTY OF BROWARD    )        SS

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

Before me personally appeared \_\_\_\_\_  
to me well know to be the same person described in and who executed the foregoing document, who having been duty sworn/or affirmed before me, stated that to the best of their knowledge and belief that the statements and answers to the questions in the foregoing questionnaire are true.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA AT LARGE



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Sheriff Scott Israel

I, \_\_\_\_\_, being 18 years of age or older, do hereby request permission from the Broward Sheriff's Office (hereinafter referred to as "BSO") for my minor child, a BSO CADET, to ride in an authorized BSO vehicle and participate in BSO CADET functions, subject to the following conditions:

If permission is granted, my minor child will obey all instructions, orders, or commands given to my minor child by any BSO employee during the ride or such functions. I understand that such instructions, orders, and commands will be for my minor child's safety and protection.

I am fully aware of and appreciate the fact that, as a Cadet, my minor child may experience or encounter many of the dangers associated with fire rescue work including, but not limited to, exposure to disease, hazardous materials, vehicle accidents and altercations with dangerous individuals. I fully realize and appreciate the fact that such dangers may result in physical harm, injury, or death to my minor child. I, on behalf of my minor child, myself, my minor child's heirs, executors and administrators, voluntarily accept any or all risks associated with this activity, and agree to hold harmless and indemnify BSO, the Sheriff of Broward County, his directors, officers, deputies, firefighters, paramedics, employees, agents, representatives, volunteers and servants from any claim, cause of action, or lawsuit resulting from personal injury or property damage to my minor child or others during my minor child's ride participation as a Cadet **including any claim, cause of action or lawsuit based on the negligence, actions or inactions of BSO, the Sheriff of Broward County, his directors, officers, deputies, firefighters, paramedics, employees, agents, representatives, volunteers or servants.**

I, the undersigned, intending to be legally bound hereby, for my minor child, myself, my minor child's heirs, executors, and administrators, waive and release any and all rights and claims for losses and damages including, but not limited to, personal injuries and property damage, that exist, now or in the future, against BSO, the Sheriff of Broward County, his directors, officers, deputies, firefighters, paramedics, employees, agents, representatives, volunteers and servants resulting, either directly or indirectly, from my minor child participating as a BSO Cadet **including any claim, cause of action or lawsuit based on the negligence, actions or inactions of BSO the Sheriff of Broward County, his directors, officers, deputies, firefighters, paramedics, employees, agents, representatives, volunteers or servants.**

I understand that this Hold Harmless and Indemnity Agreement includes any and all claims based on the negligence, actions or inactions of BSO, the Sheriff of Broward County, his directors, officers, deputies, firefighters, paramedics, employees, agents, representatives, volunteers or servants and covers bodily injury and property damage, whether suffered by my minor child or another person.

The parties recognize that in order to simplify the paperwork associated with each Cadet detail, function, special event, or trip, this agreement shall be applicable to all Cadet Activities.

It is further agreed that as a Cadet my minor child will not carry a firearm.



**Sheriff Scott Israel**

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In entering this Agreement, the parties represent that they have had a reasonable opportunity to seek and select legal advice and have relied upon the advice of their own legal representative, who is an attorney of their own choice, or have voluntarily chosen not to seek the advice of an attorney, and that the terms of this Agreement have been completely read and that those terms are fully understood and are voluntarily accepted. In the event of litigation in connection with or concerning the subject matter of this Agreement, the prevailing party shall be entitled to recover all costs and expenses incurred by such party in connection therewith, including reasonable attorney's fees.

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

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

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Zip Code

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

\_\_\_\_\_  
Name of BSO Cadet

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_ who is personally known to me or who has produced  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
TYPED/PRINTED NAME OF NOTARY