



Sheriff Gregory Tony

Broward Sheriff's Office Fire Rescue Cadet Program Application Form



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-along 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; 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 are online at www.sheriff.org > Fire Rescue – Join Our Team – Youth Opportunities – Fire Rescue Cadets. Completed applications should be mailed to:

Broward Sheriff's Office
Fire Rescue Cadet Program
Attention: Frank Correggio, Program Coordinator
2601 West Broward Boulevard
Fort Lauderdale, FL 33312

QUESTIONS?

Contact the BSO Cadet Program by calling Frank Correggio, Program Coordinator at 954-831-8260 or by email at frank_correggio@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 _____ Cell Phone Number _____ Other Phone Number _____

Email 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.

MIDDLE/HIGH SCHOOL INFORMATION

<p>YES NO</p> <p>Are you currently enrolled? _____</p> <p>_____</p> <p>Name of Middle/High School</p> <p>_____</p> <p>Current Grade Level</p> <p>_____</p>	<p>_____</p> <p>If you have graduated, provide the year</p> <p>_____</p> <p>School Phone Number</p> <p>_____</p> <p>What is your G.P.A.?</p> <p>_____</p>
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List any clubs or organizations of which you are a member or activities in which you participate



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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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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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PARENTAL INFORMATION

Father/Guardian Name

Home Address

City, State, Zip Code

Home/Cell Phone Number

Other Phone Number

Email Address

Mother/Guardian Name

Home Address

City, State, Zip Code

Home/Cell Phone Number

Other Phone Number

Email Address

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/Cell Phone Number

Other Phone Number

Email Address

Contact #2

Home Address

City, State, Zip Code

Home/Cell Phone Number

Other Phone Number

Email Address



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APPLICANT'S MEDICAL HISTORY

Please submit a current medical or sports physical, signed by your physician with your application.

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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
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Diabetes	YES	NO	Heart Trouble	YES	NO	Bleeding Disorders	YES	NO
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Allergy(ies) to any medication, food, plant, insect bite or other material or substance	YES	NO
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_____ 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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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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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.



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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