



# ELK GROVE VILLAGE FIRE DEPARTMENT CADET PROGRAM APPLICATION

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Current School \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_ Primary Phone \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_ Primary Phone \_\_\_\_\_

**In case of emergency, and Parents/Legal Guardians cannot be reached, please contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Note: Certain activities in the Cadet Program may be physically demanding. Individuals with medical conditions should consult their personal physician prior to participating in these physical activities. Participation in any portion of the program is voluntary; you do not need to take part in any activity that you are not comfortable with.

**Do you have any medical conditions or allergies that EGVFD should be aware of? Yes No**

If yes, please describe: \_\_\_\_\_

**Are you taking any medications that EGVFD should be aware of? Yes No**

If yes, please describe: \_\_\_\_\_

**Family Physician Name \_\_\_\_\_ Phone \_\_\_\_\_**

**Do you participate in any extra-curricular activities with school or other organizations?**

If yes, please list: \_\_\_\_\_

**How did you hear about the Elk Grove Village Fire Department Cadet Program?**

\_\_\_\_\_

**Why do you want to participate in the Program?**

\_\_\_\_\_

**What do you feel you could bring to the Program?**

\_\_\_\_\_



**Cadets are required to attend training as part of the Program. The once per month Cadet meetings include training. Do you believe you will be able to attend, at minimum, 75% of the training available? Yes No**

Please explain, if appropriate:

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**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

**Accepted By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Email this form and signed waiver to: [PublicEducation@elkgrove.org](mailto:PublicEducation@elkgrove.org)***

***Or Return to:*** Elk Grove Village Fire Department  
901 Wellington Avenue  
Elk Grove Village, IL 60007

***Questions?*** Email [PublicEducation@elkgrove.org](mailto:PublicEducation@elkgrove.org)  
or call (847) 734-8000



# ELK GROVE VILLAGE FIRE DEPARTMENT CADET PROGRAM CONSENT FORM – WAIVER & RELEASE

## APPLICANT

I have voluntarily applied to join the Elk Grove Village Fire Department Cadet Program. As part of that application, I agree and understand that my use of any and all equipment, tools, machinery, and apparatus used in the work of the Elk Grove Village Fire Department or my participation in the activities of the Cadet Program shall be at my sole risk. I understand that these activities may include firefighter and paramedic training at the Fire Department as well as at the scene of a fire or emergency call. I further understand that as a participant in the Cadet Program I may be allowed to ride along with trained firefighters and paramedics in emergency vehicles and that participating in such an activity may be dangerous at times.

Based on my understanding and acceptance of the risks involved in participating in the Cadet Program and in consideration of granting my application to be a member of and to participate in the activities of the Cadet Program of the Elk Grove Village Fire Department, I waive and release any claims that I may have as a result of my participation in any of the programs described above or any other department activities. The Elk Grove Village Fire Department, the Village of Elk Grove Village, or any of their officers, employees or agents shall not be liable to me or to anyone making a claim on my behalf for injuries to my person or to my property arising out of my participation in the above-described program.

I agree further to release the Elk Grove Village Fire Department, the Village of Elk Grove Village, or any of their officers, employees or agents from any liability resulting from any act or omission on their part with respect to all of the above-described Cadet Program activities during the year 2023.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PARENTS/LEGAL GUARDIANS

The undersigned parents/legal guardians of \_\_\_\_\_ have read and understand the above waiver and release, and give our consent to our child's participation in the Fire Cadet Program. We promise to be bound by the terms of the above stated waiver and release for our child and for ourselves.

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

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