

**Little Rock-Fox Fire Protection District
5 E North St, Plano, Illinois 60545**

CADET PROGRAM

INTRODUCTION

The Little Rock-Fox Cadet Program stresses hands-on fire and pre-hospital service (EMS) experience during ride-along programs, training, and day-to-day fire district operations. The program will focus on Emergency Medical Technician certification and Illinois Basic Firefighter certification while allowing the cadet to learn from experience. Each cadet will operate under the direct supervision of a fire district mentor, to protect them and to assure they follow specific guidelines to prevent any violations of Child Labor Laws. This program will prepare the cadet for a future career in the fire service. The intent of this training program is to provide a safe and rewarding experience for young men and women who have a desire to pursue a career in the fire service.

ELIGIBILITY

- A cadet firefighter must be age 16 or older.
- All cadets and their parents are required to complete an application and meet the appropriate Officer(s) of the Fire District prior to program acceptance.
- All cadets and their parents are required to complete a District release form (hold harmless) prior to acceptance to the program. The cadet and their parents will be required to complete this release form at the beginning of each year while participating in the cadet program.
- Being a cadet requires full-time attendance at school, with the definition of full-time as determined by the school.
- All cadets are required to maintain a grade C or higher in all subjects at school while in the cadet program. Cadets may be placed on an ineligible list and restricted from participating if it is determined that their grades are inadequate. Any cadet with progressive or reoccurring grade problems may be removed from the cadet program entirely.
- Cadets are required to turn in a copy of their report card & grades to the individual in charge of the cadet program within one week of being issued.
- The cadets are restricted from volunteering for more than 8 hours in one day, and must be given a half-an-hour break if they volunteer for more than 5 straight hours. Cadets cannot volunteer their time later than 11pm on school days or midnight on weekends and school breaks.
- Cadets are required to observe District policies and procedures at all times. Failure to do so will result in removal from the cadet program (see “Little Rock-Fox Fire Protection District Rules and Regulations” and “Little Rock-Fox Fire Protection District Cadet Program Rules and Regulations” herein).

RULES AND REGULATIONS***TRAINING***

- a. The cadet may participate in firefighter training activities if they are under the direct supervision of a District officer or mentor.
- b. The cadet will be required to complete a course in CPR and first-aid program prior to being allowed to participate in any hands on training around the ambulance. The cadet must complete this training prior to any on-the-job training or ride along opportunities.

CALL RESPONSE

- c. Cadets are not allowed to carry their District pagers during school hours or on school property.
- d. Cadets are allowed to respond to the station for emergency calls after 6am and until 11pm on school days or midnight on weekends and school breaks.
- e. Cadets are welcome in the station during any emergency calls within the designated times, but should remain in an area away from responding personnel or emergency vehicles.
- f. Cadets being dropped off by parents should attempt to remain clear of any responding personnel or emergency vehicles and should never use the apparatus pad/apron as a drop off location.
- g. Cadets with a driver's license are restricted from using any emergency lights while enroute to the station and should abide by all Illinois State statutes. Any cadet reported for dangerous or inappropriate driving will be removed from the cadet program.
- h. At no time shall a cadet report directly to the scene of an emergency.
- i. Cadets who are certified as EMT's may provide assistance at an emergency where they are the first responder until additional medical assistance can be obtained.
- j. Cadets are required to obey the Little Rock-Fox Fire Protection District Rules and Regulations.

EMERGENCY SCENE OPERATIONS

- k. The cadet may respond with an approved District officer or mentor to the scene of an emergency.
- l. At no time shall a cadet take the place of a district employee in a responding vehicle.
- m. The cadet is prohibited from the following activities according to the child labor law section 7.3(g) "Junior Volunteer Firefighters":
 - Operating an aerial ladder, or platform, or hydraulic jack
 - Using rubber electrical gloves, insulated wire gloves, wire cutters, life-nets, or acetylene cutting units
 - Operating the pumps of fire vehicles at the scene of a fire

- Driving any fire apparatus, ambulance, or other District vehicle
 - Entering a burning structure or previously burning structure without Officer approval
- n. In addition to the above, the cadet is prohibited from the following activities according to the Chief Officers of the Little Rock-Fox Fire Protection District:
- Responding on any mutual aid vehicle
 - Entering the fire building at any time during fire suppression activities
 - Operating any power or hydraulic tools of any kind
 - Participating in roof operations
- o. The Officer or senior firefighter in charge of the crew that the cadet responded with shall decide what activities other than above in which the cadet may participate.
- p. The cadet reserves the right to not participate in any activity which they do not feel comfortable participating in, or that they are not supposed to participate in.
- q. If approved, the cadet will be transported to the scene by a District officer or mentor.
- r. At no time shall a cadet respond directly to the scene unless accompanied by a parent and with the intent to observe from the same distance at which the public is allowed to observe.
- s. Cadets that are obstructive to the emergency scene will be asked to leave the scene.
- t. Any cadet who has met the appropriate requirements to ride along on the ambulance shall do so only under the direct supervision of approved District employees when approval from the EMS Coordinator and Fire Chief has been given.

APPLICANT PERSONAL DATA QUESTIONNAIRE

Name _____
Last First Middle

List any other names you have used or been known by: _____

Home Address _____
Number & Street City State Zip

Home Phone _____ Other Phone _____

Email address _____

Date of Birth _____ Age _____

Height _____ Weight _____

Do you have a valid driver's license? Yes _____ No _____

If yes, provide Driver's License number _____

Social Security Number _____

Are you a U.S. Citizen? Yes _____ No _____

If no, have you applied for United States citizenship? Yes _____ No _____

Father's Name _____ Mother's Name _____

Name of School Attending _____

School Counselor's Name _____

School Counselor's Phone Number _____

Employer's Name & Address _____

Supervisor's Name _____ Supervisor's Phone _____

May we contact your employer, if necessary? _____

I understand that this is an application for membership in the Little Rock-Fox Fire Protection District cadet program. If I am selected, I will obey all the rules and regulations set forth by the district and its employees. It should be noted that at any time, for any reason, I may be removed from the cadet program entirely. If I am a cadet 16 years old or greater, I hereby give permission for the district to conduct a background investigation at any time. I understand that if I give any false information on the application I will be eliminated from further consideration into the program.

Applicant Signature date

Parent Signature date

Parent Signature date

CONSENT, WAIVER, AND RELEASE FORM

I have voluntarily applied to join the Little Rock-Fox fire Protection District cadet program. As part of this application, I agree and understand that the use of any and all equipment, tools, apparatus, or participation in any district activities shall be done at my own risk.

Based on my understanding and acceptance of the risks involved in participating in the cadet program and in consideration of granting my application to participate in the activities of the cadet program, I waive and release any claims that I have as a result of my participation in any of the program activities.

I agree further to release the Little Rock-Fox Fire Protection District of any of their officers, employees, or agents from any liability resulting from any act or omission on their part with respect to all cadet program activities during the year.

I understand that as a participant in the cadet program, I may encounter firefighting and emergency medical training at the fire district as well as at the scene or 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.

Applicant Signature date

PARENTS MUST SIGN BELOW

The undersigned parents of _____, have read and understand the above waiver and release. We give our consent to our child's participation in the Little Rock-Fox Fire Protection District's cadet program. We promise to be bound by the terms of the above stated waiver and release for our child and for ourselves.

Parent Signature date

Parent Signature date

REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I: _____
LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

Have carefully read and understand this Disclosure and Authorization form as well as the attached Summary of Rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as Backgrounds Online, and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the company.

California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.

Signed Today's Date

Printed Name Position Applied For

_____-_____-_____/_____/_____
Social Security Number Date of Birth Driver's License Number State

Other names you have used or are also known as:

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address:

Street Apt.# City State Zip Code How long here?

Former Address:

Street Apt.# City State Zip Code How long here?

Former Address:

Street Apt.# City State Zip Code How long here?

May we contact your current employer? Yes No