

Southern Stone County Fire Protection District
10965 E. State Highway 76, Branson West, MO 65737
417-272-1510 office/417-272-1509 fax



Southern Stone County Fire Protection District Fire Cadet Application

Southern Stone County Fire Mission Statement

To promote life safety and reduce human suffering to the citizens and visitors of Southern Stone County Fire Protection District. To achieve this goal through public education and fire prevention programs. We shall seek to minimize the results of fire, medical or rescue emergencies and disasters in this District. To understand that each firefighter is valuable and to maximize each person's potential. To serve our District with professionalism, excellence and devotion to duty. To strive for the future, never forgetting the past.

The Southern Stone County Fire Protection District provides emergency service to all people that live and visit within its boundaries. This District covers the southern parts of Stone County, which is a total of 280 square miles.

Application Process

Application Packet

1. Cadet Application
2. Parent Waiver/ Permission
3. HIPPA form/Confidentiality waiver

What Needs to Be Turned in to the District Office to Process Your Application

1. Completed Application Packet- All signatures required.
2. Copy of your driver's license and Insurance (if applicable).

When you submit your application, you will be contacted by a Post Advisor.

The Post Advisor will schedule a parent meeting/interview

After the meeting/interview the application is then approved by Chief Staff,
and the Board of Directors

After You Have Been Approved and Notified

1. You will begin attending Tuesday night trainings at your assigned station. All stations do things differently; you will need to get that information from your Station Officer's.
2. You will receive a binder and an Essentials book from the Lead Advisor, this is yours to use as long as you remain in good standing in the Cadet Program.
3. You will need to call the gear distributor (Bob Ramsell), and set up an appointment to receive your gear.
4. You will receive a copy of the scheduled meetings and trainings for Cadet Program from the lead Advisor.

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Personal Information

Name: _____

Physical

Address: _____

PO Box: _____ Email: _____

City: _____, State: _____, Zip: _____

Cell Phone: _____ Home Phone: _____

Date of Birth: _____ Age: _____ Sex: M F

SS #: _____ Driver's License # _____ State: _____ Class: _____

Do you own a vehicle? Yes ___ No ___ Make: _____ Model: _____ Year: _____

How long have you lived in Stone County? _____ Years _____ Months (must be 6 months).

Name of parent/legal guardian: _____

Address of parent/legal guardian: _____

Phone: _____ Email: _____

Emergency Contact Information

Name: _____ Phone _____

Name: _____ Phone _____

Have you ever been arrested or ticketed (felonies, misdemeanors, traffic violations).

Yes ___ No ___, if yes please explain _____

Why do you want to be in the Cadet Program _____

Do you have any medical conditions, any physical limitations, or take any medication regularly

Yes ___ No ___ If yes, please explain _____

Applicants Signature & Date

Parent/legal guardian Signature & Date

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My Son/ Daughter _____ (applicant/Cadet name) has my permission as his/her, parent/legal guardian to join the Cadet Program for Southern Stone County Fire Protection District.

I _____ (parent/legal guardian name), give my consent to allow him/her to be part of the Cadet Program, and will not hold Southern Stone County Fire Protection District, or its members responsible for any injuries or actions that could occur under reasonable circumstances as part of this Fire/Medical Program.

Applicant Signature & Date

Parent Signature & Date

I _____ (parent/legal guardian) give my son/daughter _____ (name of Cadet) permission to respond to the following incidents; structure fires, motor vehicle accidents, medical alarms, or any other type of emergency, which Southern Stone County Fire District is paged for by the Emergency Services (911). **These types of calls can and will be intense, emotional, and could present an unpleasant environment.**

Photos may be taken at these events by Chief Officers, or the Public Information Officer (PIO), for training, ceremonies and publications that will be used on our District website and Facebook page. They will be for SSCFPD use only. **No type of recording devices (i.e. can or should be used by a Cadet).**

All property given to your son/daughter belongs to the District, and if not returned upon leaving the District either by resigning, or dismissed is considered stolen, and the proper **authorities** will be notified to obtain the District property.

By Signing the Parent/Guardian line below, you are stating you fully understand the type of emergency scenes your son/daughter will be assisting with as a Cadet and in the Cadet Program.

Applicants Signature and Date

Parent/Guardian Signature and Date

Contract of Understanding

My son/daughter and I have read the **Policies, and SOG's** (this will be given to you during the meeting/interview) regarding the Cadet program, and understands that Cadets will serve in supporting roles for the District as they learn and train for possible future service. My son/daughter and I understand members of the Cadet Program are to follow instructions from superiors and follow the Districts safety Policies and Guidelines at all times.

My son/daughter and I also understand that there is a “zero tolerance” policy regarding the use of alcohol or drugs while attending any district event. While in uniform they will show respect at all times for the District, members, and the public which they serve. My son/daughter and I understand that signing this “contract of understanding”, we are declaring that any violation of the Cadet Program will be dealt with by the Cadet Advisors and Districts Officer(s), and may be grounds for immediate dismissal. Any acts that violate state and federal laws will be referred to the proper authority.

My son/daughter and I understand that signing this application that we will be responsible for returning any District issued equipment in proper working order upon separation from the District within 2 weeks of termination of membership.

Applicants Signature & Date

Parent/Guardian Signature & Date

Official Use Only

Applicant

Name: _____ Date: _____ Station: _____

Radio #: _____

Chief Wolven _____ Yes No

Date: _____

Assistant Chief _____ Yes No

Date: _____

Deputy Chief Moore _____ Yes No

Date: _____

Fire Marshal McNevin _____ Yes No

Date: _____

Lead Cadet Advisor Brad Snider _____ Yes No

Date: _____

Interviewing Cadet Advisor _____ Yes No

Date: _____

Date of Board Meeting _____

