



HOLTS SUMMIT FIRE PROTECTION DISTRICT

557 Summit Dr.

Holts Summit, Missouri 65043

Cadet Membership Application

Name: _____ Social Security # _____

Address: _____
Address City State Zip

Home Phone # _____ Date of Birth _____

Father's Name: _____
Address & Phone # if different from above

Mother's Name: _____
Address & Phone # if different from above

School _____ Grade _____

Extra-Curricular Activities or Memberships (i.e. Scouts, church group, band, football team): _____

Describe why you are interested in becoming a member of the Holts Summit Fire Protection District Cadet Firefighter Program: _____

Cadet Signature _____ Date _____

Young people enrolled in the Cadet Firefighter Program will NOT be placed in any danger. Those cadets enrolled will have an opportunity to have hands-on experience with fire and medical equipment used by the Holts Summit Fire Protection District personnel. The Cadets will also have the opportunity to learn about emergency fire service and what they can do to promote safety and prevent injuries. Meetings each month will be one week night 1800-2030 and one Saturday 0800-1200 and parents are welcome.

Parent or Guardians Signature

Insurance Policy #