



MIAMI-DADE FIRE RESCUE DEPARTMENT

JUNIOR CADET APPLICATION FORM

PERSONAL INFORMATION

NAME: _____ AGE: _____ DATE OF BIRTH: _____
SCHOOL NAME: _____ GRADE: _____

ADDRESS / TELEPHONE

ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PRIMARY PHONE: _____ SECONDARY PHONE: _____
E-MAIL ADDRESS: _____

PARENT / GUARDIAN CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE: _____
E-MAIL ADDRESS: _____

HOW DID YOU HEAR ABOUT THE MDFR JR CADET PROGRAM?

SIGNATURES

APPLICANT: _____ DATE: _____
RECEIVED BY: _____ DATE: _____

TO BE COMPLETED BY MDFR

APPLICANT NO: _____
DATE: _____

MIAMI-DADE FIRE RESCUE
9300 NW 41ST STREET, DORAL, FLORIDA 33178-2414
786.331.5000

