



Slater-Marietta Fire Cadet Application

INTRODUCTION

The Fire Cadet Program is established to provide young people with an interest in the fire service the opportunity to experience firefighting services to the community. With a mixture of hands-on training and classroom instruction, Slater-Marietta Fire Cadets are instructed in the basics by experienced firefighter mentors. The main goal of our program is to create opportunity for young adults to assist as interns and gain valuable knowledge in preparation for future fire service employment.

The program was started in 2002 and was originally an Explorer Post. The program was revamped in 2021 as a Cadet program to allow a more active role for the Cadets. Because of their training and experience gained as Cadets, members of the program often move up to become a member of the Slater-Marietta Fire Department. Graduates of the Cadet program that qualify to become regular members are sponsored by the department at the South Carolina Fire Academy.

As a Cadet, you will also take part in a controlled ride along program that allows members to ride along with the Slater-Marietta Fire Department firefighters. Becoming a member of the Fire Cadet Program will prepare those interested in future opportunities in the Fire and EMS service. As a Fire Cadet, you will demonstrate pride in the community that we serve. Cadets are also expected to help with community public events.

REQUIREMENTS

Potential members must meet all departmental guidelines and be capable of reading and understanding assigned materials. Potential members must be aged 15-18 years of age. Each member must remain in school (unless otherwise graduated) and maintain at least a D average.

After filling out an application, the potential member—with a guardian present—will go through an oral interview process. There will also be a background check and references will be contacted.

Members will be dismissed from the program if they are caught possessing or are under the influence of drugs or alcohol at any time, take part in any illegal activities or participate in any actions or behaviors that are judged to be unbecoming of public safety personnel.

Slater-Marietta Fire Cadet Program

3001 Geer Highway
Marietta, SC 29611



PERSONAL

Last		First			Middle	
Street Address				City/Town		State Zip
Email Address						
Telephone Number						
(Day)		(Evening)		(Cell)		
Social Security Number		Date of Birth	Age	Sex	U.S. Citizen	Place of Birth
- -		/ /			Yes No <input type="checkbox"/>	
Current Grade	Current School					
Occupation (If Applicable)						
Name and Address of Current Employer						
Do you have a Drivers License?	License Number		State	Expiration	Restrictions	
Yes No						

EMERGENCY CONTACTS

Name		Relationship				
Telephone						
(Day)		(Eve)		(Cell)		
Name		Relationship				
Telephone						
(Day)		(Eve)		(Cell)		

Name	Relationship (Non Parent)
Telephone	
(Day)	(Eve)
	(Cell)

Are you presently a member of an Fire Explorer/Cadet Program? Yes No	Name and Address of Department (if yes)
--	---

Do you hold any of the following certifications? If yes, give date first certified, level of certification , date(s) of expiration, and a copy of the certificates

	Date of first certification	Level of Certification	Expiration date (certifications)
CPR			
First Responder			
Advanced First Aid			

Have you attended any specialized training classes and/or attended any firefighting schools? If yes, list types, dates of training and note certificates issued.

Would you be able to commit to trainings and special events?	Yes	No
--	-----	----

Why would you like to be a Fire Cadet? May be continued on a separate sheet of paper.

REFERENCES

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

EDUCATION

	Name and Address	Graduated		Number of Years Attended	Attended a Career Center	
Middle School		Yes <input type="checkbox"/>	No <input type="checkbox"/>			
High School		Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do/did you participate in any extracurricular activities in school? If yes, please specify

Please Read Carefully

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if accepted, falsified statements on this application shall be considered sufficient cause for my dismissal from the Slater-Marietta Fire Cadet Program.

Signature of Applicant

Date

RULES OF CONDUCT

As a member of this program, you are officially a representative of this department and must act accordingly. We have worked hard to build trust and respect within the community, and actions that damage our reputation are taken very seriously. Any violations of the rules of the program or the overall department will be met with disciplinary action and/or expulsion from the program.

1. Members will not violate any laws or regulations of the city, state, or country. Members will also abide by the rules of the department and bylaws of the program.
2. Members will not disrupt any meetings or ceremonies and will obey the orders of superiors. They will control their tempers and exercise patience and discretion.
3. Members will refrain from vulgar, violent, profane, insolent, and threatening language.
4. Members who attend program events under the influence of drugs or alcohol will be dismissed immediately.
5. Members are expected to always speak the truth and under all circumstances.
6. Members shall notify the proper authorities if they gain information about a crime or accident.
7. Members shall treat their superior officers and peers with respect.
8. Members shall not be publicly critical or derogatory of orders, instructions, policies, or decisions made by superiors. All complaints shall be brought privately to the issuing party and resolved immediately.
9. Any documentation or information that you obtain while at an incident scene shall be treated as completely confidential. Revealing private information is a serious offense and shall be treated accordingly. The use of cell phones while on an incident by a cadet is prohibited.
10. Members shall not accept any money, rewards or gifts meant as compensation, unless it is being donated to the program.

11. Members are responsible for the proper care of the department's equipment and property. Any damage that is done by, observed by or found by a program member must be reported immediately.
12. Members are prohibited from tobacco use while in uniform or at any program function or event.
13. Members are not allowed to respond directly to any emergency scene in their own personal vehicle. Members cannot utilize any form of sirens or emergency lighting in their personal vehicles.
14. Members will not participate in any training or response that they have not been approved for by the program leaders.
15. Once certified to be present at an emergency scene, members shall participate only in the manners and functions that they have been certified for. They will act strictly under the control of their on-scene adult leaders as specified in the program's policy.
16. When at the scene of a live incident or training, members are responsible for always wearing full protective gear, unless directly specified by their adult leader.
17. Members shall not walk off an emergency scene without being dismissed by their adult leader.

PARENT/GUARDIAN CONSENT FORM

My son/daughter, _____, has my permission to join the Fire Cadet Program for the Slater-Marietta Fire Department. I, _____, give my consent to allow him/her to be part of the program and do not hold the department or its members responsible for any injuries or actions that occur under reasonable circumstances as part of this program.

CONTRACT OF UNDERSTANDING

My son/daughter and I have read all the guidelines, protocols, and rules regarding the departments cadet program and understand that cadets will serve in support roles for the Slater-Marietta Fire Department as they learn and train for possible future service.

My son/daughter and I understand that members of the youth program are to follow instructions from superiors and always follow department safety protocols. We also understand that he/she will represent the department and act in a professional manner that is always courteous and respectful.

We understand that there is a "zero tolerance policy" regarding the use of alcohol and drugs while attending any department events. My son/daughter and I understand that in signing this Contract of Understanding, we are declaring that any violation of the program's/department's bylaws or standard operating procedures/guidelines will be dealt with by the program's leaders and/or department officers and may be grounds for immediate dismissal. Any acts that violate state or federal laws will be referred to the proper law enforcement agency.

Applicant signature and date

Parent/guardian signature and date

SOUTH CAROLINA NOTARY ACKNOWLEDGMENT

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ (date)

by _____ (name of person acknowledged).

Signature of Person Taking Acknowledgement

Title or Rank: _____

Serial Number (if any): _____

(Seal)