

Vermont State Firefighters Association

Cadet Academy

REGISTRATION APPLICATION 2024

CADET INFORMATION:

NAME: _____ DOB: ____/____/____ AGE: _____
(must be 14 by July 1st)

STREET ADDRESS: _____ MALE _____ FEMALE _____ Other _____

TOWN: _____ STATE: _____ ZIP CODE _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ T-SHIRT SIZE:(mens sizes) S M L XL 2XL 3XL

Do you participate in your local FD or Rescue? Yes _____ No _____

Are you or your parent(s) a member of the VSFA? Yes _____ No _____

Cadet Applicant's Signature: _____

PARENT OR GAURDIAN INFORMATION:

NAME OF PARENT OR GUARDIAN: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

EMERGENCY CONTACT NUMBER: _____ ARE YOU A MEMBER OF A FD? _____

EMAIL ADDRESS: _____ CELL PHONE #: _____

SPONSOR INFORMATION:

DEPARTMENT OR SPONSOR NAME: _____

CHIEF/DEPT. OFFICER/SPONSOR(print name): _____ PHONE # _____

CHIEF/DEPT. OFFICER/SPONSOR(Signature): _____

CHIEF OR SPONSOR EMAIL: _____ DO YOU HAVE A CADET PROGRAM: _____

CADET: ON THE BACK OF THIS PAGE, PLEASE TELL US WHY YOU WOULD LIKE TO ATTEND THE ACADEMY AND WHAT YOU HOPE TO LEARN.APPLICATION AND PAYMENT MUST BE SUBMITTED NO LATER THAN June 15th, 2024.

\$100.00 returnable deposit from Department required. Make checks out to VSFA Cadet Academy.

Mail to: Marsha LaBree PO Box 14 Morrisville VT, 05661

Statement of interest: