



# White River Township Fire Department Cadet Division

850 South Mullinix Road  
Greenwood, IN 46143

Administration  
(317) 888-8337

Fax  
(317) 888-9426

Station 51  
317-859-6070  
Station 52  
317-859-6080  
Station 53  
317-859-4590

*"Saving lives and  
property since 1952."*

Jeremy Pell,  
Fire Chief

Scott Cassin,  
Deputy Chief

Carey Slauter,  
Operations Chief

Joel Thacker,  
Training Chief

Eric Brown,  
Fire Marshal

Dear Applicant,

I would like to take this opportunity to thank you for your interest in the White River Township Fire Department Cadet Program. Inside this packet, you will find an application, a personal information sheet, liability release form which must be signed by you and your parents, permission slip signed by your parents with their contact info (if under 18 years of age) and a 40-hour training booklet. All of the above, except for the booklet, need to be filled out completely and returned with your application. The booklet will be filled out as we go through trainings with you. The booklet contains a list of trainings that need to be completed and any equipment we issue to you.

We, the advisors, expect ALL cadets to act in a professional manner when on station or in the eye of the public. Each month, the cadets are expected to attend seventy-five percent of all trainings and have a minimum of twenty-four hours of ride out time. The trainings are held on Thursday nights at 4:00pm and varying between Station 51 and Station 53.

The trainings are to teach the cadets how to be a firefighter. All trainings are done in a SAFE environment. The trainings are overseen by no less than two veteran firefighters.

Once again, thank you for your interest in our program and we hope to see you soon.

Sincerely,

Kyle Brooks  
Cadet Advisor

Dale Saucier  
Cadet Advisor

Rick Woehlecke  
Cadet Advisor

Be sure to visit our website  
at [www.wrtfd.org](http://www.wrtfd.org)!

**WHITE RIVER TOWNSHIP  
FIRE DEPARTMENT  
CADET DIVISION**

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Administrative (317) 888-8337 Fax (317) 888-9426  
Visit our website at [www.wrffid.org](http://www.wrffid.org) !

**APPLICATION FOR MEMBERSHIP**

Personal Information				
Last Name: _____		First Name: _____		MI: _____
Home Phone: ( ) _____		DOB: _____		SSN: _____
Address Information				
Address: _____				
City: _____		State: _____	Zip: _____	Time at this location: _____
Previous: _____				
City: _____		State: _____	Zip: _____	Time at this location: _____
Employment History (begin with most recent)				
Employer Name	Address	Dates	Position	Reason For Leaving
Education Record				
	Name	City/State	Subjects Studied	
High School				
References (No family members, please.)				
Name: _____		Years Known: _____		
Address: _____				
City: _____		State: _____	Zip: _____	Phone: _____
Name: _____		Years Known: _____		
Address: _____				
City: _____		State: _____	Zip: _____	Phone: _____
<p>By signing below, -</p> <ul style="list-style-type: none"> <li>◆ I certify that the facts contained herein are true and complete to the best of my knowledge and understand that if employed, falsified statements contained herein shall be grounds for dismissal.</li> <li>◆ I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you.</li> <li>◆ I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without prior notice.</li> <li>◆ I understand that I may be subjected to written testing and physical agility testing prior to an offer of employment.</li> </ul>				
Signature: _____			Date: _____	
Parent/Guardian Information				
Printed Name: _____			Relation: _____	
Day Phone: _____		Eve Phone: _____		
Parent/Guardian Signature: _____			Date: _____	

# WHITE RIVER TOWNSHIP FIRE DEPARTMENT CADET DIVISION

## PERSONAL INFORMATION SHEET

Name: \_\_\_\_\_ Unit # \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Time There: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Days and Hours Worked: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Guidance Counselor: \_\_\_\_\_

Important Medical History: \_\_\_\_\_

Allergies: \_\_\_\_\_

Certifications (fire, EMS, etc.): \_\_\_\_\_

Primary Emergency Contact: \_\_\_\_\_ Relationship: **Parent / Guardian**

Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

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Beginning Date: \_\_\_\_\_

**FOR ADMIN USE ONLY**

End Date: \_\_\_\_\_

Reason: \_\_\_\_\_



# White River Township Fire Department

1086 South Runyon Road  
Greenwood, IN 46143

Telephone (317) 888-8337  
Fax (317) 888-9426

## Release from Liability

*(under 18 years of age)*

In consideration of the privilege of riding in or along with a White River apparatus on emergency runs, the purpose is to observe and gather information valuable to me, I hereby forever release the White River Township Volunteer Fire Department, Inc., the White River Township Fire Protection District of Johnson County, Indiana, employees and officers of each, from all responsibility or liability for personal injury and/or property damage which I may incur for any reason whatsoever whether by reason of the fault, carelessness or negligence of the employees, officers, agents or representatives of the White River Township Fire Department, the White River Township Fire Protection District or otherwise.

\_\_\_\_\_  
Observer Name Printed

\_\_\_\_\_  
Witness Name Printed

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Organization (if any)

\_\_\_\_\_  
Date

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please report to the Battalion Chief either in person or by telephone upon arrival for apparatus observation.  
Station 53: 859-4590 or 888-2338

**WHITE RIVER TOWNSHIP FIRE DEPARTMENT  
CADET DIVISION**

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**Application check list:**

- Completed Application sheet**
- Personal Information sheet**
- Copy of Birth certificate**
- Copy of Social Security Card**
- Copy of fire certifications**
- Copy of EMS certifications**
- Copy of Driver's license (if applicable)**
- Last Mid-Term and Semester reports**
- Signed Liability release form**

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**FOR ADMIN USE ONLY**

**Date application handed out:** \_\_\_\_\_

**Date application returned:** \_\_\_\_\_

**1<sup>st</sup> reading of application:** \_\_\_\_\_

**Final reading of application:** \_\_\_\_\_