



NEWPORT FIRE DEPARTMENT

245 NW 10TH STREET
NEWPORT, OREGON 97365
(541) 265-9461
FAX: (541) 265-9463

OFFICE OF

Application for Membership as a CADET in Newport Fire Department

DATE _____, 20____

NAME _____ SS# _____

ADDRESS _____ PHONE _____

DRIVER'S LICENSE# _____ STATE _____ DOB _____

AVAILABLE FOR DUTY: DAY _____ NIGHT _____

CURRENTLY IN SCHOOL? _____ WHERE? _____

CURRENT GPA _____ CUMULATIVE GPA _____ ACCESS TO CAR? _____

PARENTS/GUARDIANS NAMES _____ PH# _____

RELEASE OF INFORMATION

I, _____, hereby authorize the City of Newport to make any investigation of my personal history and criminal history, including any detention, convictions, or arrests, through any investigative agencies or bureaus of the City's choice.

I further authorize the release of information that an investigative consumer report may obtain through personal interviews with my neighbors, friends, past employers or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, or personal characteristics.

SIGNED, This _____ day of _____, 20____.

SIGNATURE _____

PERSONAL REFERENCES

(Not Former Employers or Relatives)

NAME & OCCUPATION	ADDRESS	PHONE #
1. _____		
2. _____		
3. _____		

I understand that participation as a Firefighter cadet in Newport Fire Department is a physically and emotionally demanding undertaking. I agree to attend all meetings, drills, and alarms unless I am unavoidably detained or otherwise excused by the Fire Chief of the City of Newport or his authorized representative. I agree to comply with all the requirements, rules, regulations, or policies of the City of Newport, its Fire Department, and of Newport Fire Department, and with all lawful orders of the Chief of the Newport Fire Department and his authorized representatives. I understand the dangers associated with firefighting, and I assume all risks to which I may be exposed as a result of my participation as a Firefighter cadet and in consideration of my acceptance as a volunteer Firefighter cadet, I waive any and all claims against the City of Newport, its officers, agents employees, and representatives, or against any member of Newport Department. I understand that this is a voluntary service, and that I will serve without compensation excepting nominal gratuities, and I waive all claim for which I might otherwise have for compensation for any such services which may be so rendered. Under penalty of perjury I swear that the foregoing application, and the information therein contained, is true, complete, and accurate.

APPLICANT'S SIGNATURE _____

STOP! READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. BY SIGNING YOU ARE CERTIFYING THE ACCURACY OF THE STATEMENTS CONTAINED AND AGREEING TO ASSUME RISK, WAIVE CLAIMS AND UNDERTAKE CERTAIN OBLIGATIONS. I certify that I have read and agree to all of the above.

(If the above named person is a minor) I _____ represent that I am the parent or lawful guardian of the above named person, and I have the lawful authority to execute this agreement for and on behalf of the above named person. I have read and understand the foregoing, and I certify that its contents are true. I agree to each and every provision of the foregoing and give my consent for said minor person to engage in the above described activity. I agree that I will save, hold, defend and indemnify the

City of Newport, its officers, employees and representatives, harmless on account of any loss, damage, liability, claim, demand or expense arising on account of my own acts or omissions of such person, or arising as a result of any loss or injury suffered by such person.

PARENT OR GUARDIAN _____ DATE: _____

WITNESS _____ DATE: _____

WHAT ACCOMMODATION, IF ANY, WOULD BE NECESSARY TO PERFORM THE REQUIRED DUTIES? _____

