

FIRE CADET PROGRAM CONSENT FORM

TO: FROM: RE:	Parents of Fire Cadet Applicate Town of Fond du Lac Volunte Fire Cadet Application			
Dear Paren	nts:			
	has requested an application to beco Fire Department.	ome a Fire Cadet with the 7	Town of Fond du Lac	
	ew the attached Operating Guideline for their membership with this Fire			
	return it to the Fire Department. If y Birschbach at 920-579-4554.	ou have any questions, ple	ease contact Fire	
Email com	pleted forms to tfdlfiredept@charter.i	net.		
	PARENTAL CO	DNSENT FORM		
	eviewed the application and operating stand the requirements of being a Fi		Fire Cadet program	
	derstand our child's performance, re of Fond du Lac Volunteer Fire Depart	-	s a Fire Cadet with	
We hereby the Town o	give of Fond du Lac Volunteer Fire Depar		me a Fire Cadet with	
Parents or	Guardian:		Date:	
Address:				
City:		State:	Zip:	
Parents or	Guardian:		Date:	
Address:				
City:		State:	Zip:	
Signatures	of Parents/Guardians:			
		Relationship:		

Relationship: