

**CHARLES COUNTY  
VOLUNTEER FIRE & EMS ASSOCIATIONS  
HIGH SCHOOL CADET PROGRAM**



Dear Applicant:

On behalf of the 1200 men and women of the Charles County Volunteer Fire and EMS Departments, I welcome you to the Charles County High School Cadet Program application process. In this packet, you will find the following information that **MUST** be completed in its entirety prior to submittal to your school counselor(s):

1. General Applicant Information: includes full name, address, and good working phone numbers.
2. Fire/EMS Company Status and Standard: each student **MUST** be a volunteer fire and/or EMS department member. A complete list of department addresses and point of contacts will be available upon request.
3. Applicants must submit a one-page essay describing why you should be selected for this program and highlighting your goals for the next five years as a volunteer in Charles County.
4. Applicants **MUST** provide (2) letters of support from a teacher, an employer, and/or an adult who is NOT a family member.
5. Program Understanding: review the information within the packet.
6. Applicant's Signature: be sure to sign legibly your name in the block provided.
7. Parent/Guardian Signature: be certain the parent signature is legible.
8. School Counselor's Recommendation: applicant needs their counselors rating and signature in the block provided.
9. Emergency Information Card: please have parent/guardian complete in its entirety and sign.
10. Program Safety Understanding: we ask both applicant and parent review this safety policy and sign at the bottom.
11. Department Verification Form: when the applicant is accepted as a volunteer member of a department please have the department representative sign off and date this form.
12. Description of Duties Form: this form needs completed by the applicant's personal physician in its entirety.
13. Cadet Driving Privilege Verification Form: applicant must complete and school principal signs off with a copy to the cadet coordinator.

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High School Cadet Coordinator  
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APPLICATION: <b>Charles County Public Schools Fire/Rescue/EMS Cadet Program</b>		SCHOOL YEAR:	
FIRE/RESCUE C17800	4 CREDITS	GRADES 11, 12	CODES: CC, CTP

This one-year program provides the opportunity for certifications in the area of fire, rescue, and emergency medical training skills and techniques. Students will receive the same training as professional Firefighters and EMS provide in the State of Maryland. All Maryland State requirements for Emergency Medical Technician (EMT) must be met to receive this certification.

This program includes formal training at selected locations supplemented by developmental assignments, field trips, and guest speakers. The formal training will be provided through the University of Maryland Fire Rescue Institute and may be eligible for credits at the University of Maryland. This course includes a required practicum of additional performance hours outside regular school hours and students are required to have membership in good standing at a Charles County Fire and/or EMS Department. Students MUST be 16 years old by the first day of school to participate in this program.

### 1. GENERAL APPLICANT INFORMATION

STUDENT NAME:			
HIGH SCHOOL:		GRADE:	
DATE OF BIRTH:	AGE:	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE:
HOME ADDRESS:		MAILING ADDRESS (IF DIFFERENT):	
HOME PHONE:		STUDENT CELL:	
STUDENT EMAIL ADDRESS:			
PARENT/GUARDIAN NAME:		PARENT/GUARDIAN WORK NUMBER:	
PARENT/GUARDIAN EMAIL:			

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FOR OFFICE USE ONLY:

ACCEPT DATE:

DENIED DATE:

APPLICATION COMPLETE DATE:

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## 2. FIRE/EMS COMPANY AFFILIATION AND STATUS

ARE YOU CURRENTLY A MEMBER OF A CHARLES COUNTY VOLUNTEER FIRE AND/OR EMS DEPARTMENT		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, WHICH DEPARTMENT?			
HOW LONG HAVE YOU BEEN A MEMBER?			
LIST ALL TRAINING CERTIFICATES YOU HAVE RECEIVED:			
1.		5.	
2.		6.	
3.		7.	
4.		8.	
<b>AFFILIATION STANDARD:</b> Applicant and Parents/Guardians:  Please read the following section carefully and sign below to indicate you understand and accept this condition of enrollment should you be accepted into the High School Fire/Rescue/EMS Cadet Program.  <i>All students accepted and enrolled in the Charles County Fire, Rescue, EMS Cadet Program MUST be a "member of good standing" of a Charles County Volunteer Fire or EMS Department. This affiliation MUST be maintained, in good standing, throughout the entire duration of the program and throughout the entire school year. A verification form (attached in the packet) must be submitted to the Cadet Coordinator as part of this application packet.</i>			
APPLICANT SIGNATURE:		PARENT/GUARDIAN SIGNATURE:	

## 3. APPLICATION ESSAY REQUIREMENT

Student applicants are required as part of this application to submit in writing a one-page essay outlining why you should be selected for this program and highlighting your goals for the next five years.

## 4. LETTERS OF SUPPORT

Student applicants must provide two (2) letters of support or recommendation from a teacher, employer, or any adult who is not a family member. These letters must be submitted with the application.

## 5. PROGRAM UNDERSTANDING

The Charles County Fire/EMS Cadet Program is possible through a collaborative effort with Charles County Public Schools, the Charles County Volunteer Firemen's Association, Charles County Association of Emergency Medical Services, and the Maryland Fire and Rescue Institute.

The following is a description of program requirements and expectations that each Applicant and Parent/Guardian should be familiar with and understand before continuing the application process.

- a. **In General:** all accepted applicants must attend the orientation to be held before the opening day of school. Time, date, and location will be communicated to accepted applicants. Cadets will be provided with uniforms and equipment. Uniforms are expected to be worn in class and as required by the Cadet Coordinator. Applicant volunteer departments may require cadets to wear uniforms in addition to normal class time.
- b. **Training Facility and Transportation:** Cadets will attend class at the University of Maryland's Fire Rescue Institute (MFRI) Training Center in La Plata, MD. Transportation to the training center will be provided by school bus. Student driving will be allowed under the rules, policy and regulations of Charles County Public Schools and the cadet's home school. Copies of school parking permits and authorization to drive **MUST** be provided to the Cadet Coordinator. Cadets will have up to three (3) hours of classroom instruction, practical exercises, or evolutions daily during the school year. There may be occasions when a cadet will have to provide their own transportation to and from our training center, every effort will be made to announce this in advance.
- c. **Station Involvement:** Cadets are required to maintain membership, in good standing, in a volunteer fire and/or EMS department in Charles County throughout the duration of this program. Additionally, cadets are required to commit and document twenty-four (24) hours a month to their respective departments for additional training, drills, experience, and understanding of the Fire/EMS profession; this is usually the minimum required by the individual departments to maintain a membership in good standing. During this time, cadets will be responding to real emergency calls.
- d. **Academic Standing:** It is the nature of the training in this program that each Fire/Rescue/EMS class builds upon the previous class or module. Any student that does not meet the minimum academic requirements or skills proficiency and is therefore unable to meet the requirements for the next class or, in the case of EMT module, is subject to removal from the program. Cadets will be required to take the Firefighter I, Firefighter II, Vehicle rescue, and Emergency Medical Technician (EMT) certification examinations with a minimum passing grade of 70%. Cadets will also be required to take the Maryland State EMT exam for licensure as a Maryland State Emergency Medical Technician.
- e. **Discipline:** Cadets are required to follow the Charles County Public School's "Code of Conduct" while at the MFRI Training Center or while representing the program outside of class. Cadets are subject to disciplinary action in accordance with the rules established by the Charles County Public Schools, University of Maryland, Maryland Fire and Rescue Institute, and the Cadet's fire and/or EMS Company. Suspension by any of these bodies may result in removal from the program and loss of course credits.

## 6. APPLICANT PRINTED NAME:

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I certify that all information in this application is complete, true, and accurate, to my best ability and I have read and understand the program requirements. I understand and accept the commitment that will be required and expected of me and submit this application for consideration for admission to the Charles County Fire/EMS Cadet Program.

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APPLICANT SIGNATURE:

DATE:

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## 7. PARENT/GUARDIAN PRINTED NAME:

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I have read and understand the program requirements, reviewed this application, and support my child's decision to apply for admission to the Charles County Fire/EMS Cadet Program. I also certify that my child and I are residents of Charles County, Maryland.

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APPLICANT SIGNATURE:

DATE:

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*Please note only completed applications will be considered. Before submitting this application to your school counselor, please be certain the application has been signed and you have included the two (2) letters of support and your essay.*

SCHOOL COUNSELOR'S RECOMMEDATION:

(By signing below, I recommended this student for the program)

PLEASE RATE THIS STUDENT'S ACADEMIC PROFICIENCY
(Weak) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (Strong)

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SCHOOL COUNSELOR'S PRINTED NAME:		DATE:	
SCHOOL COUNSELOR'S SIGNATURE:			



Charles County Public Schools Emergency Notification Card-Fire/Rescue Cadet Program



STUDENT NAME (LAST, First)		
STREET ADDRESS:		MAILING ADDRESS (IF DIFFERENT):
PARENT/GUARDIAN NAME(S):		
HOME PHONE:		EMAIL:
FATHER/GUARDIAN'S EMPLOYER	WORK PHONE	CELL PHONE
MOTHER/GUARDIAN'S EMPLOYER	WORK PHONE	CELL PHONE
STUDENT'S SCHOOL	GRADE	BUS #

Please list all siblings living in the same household who attend Charles County Public Schools

SIBLINGS NAME	DOB	GRADE	SCHOOL

Is English the primary language at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, then what is the primary language?	
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Please list below two (2) emergency contacts that have permission to assume temporary care of your child if the above parent/guardian(s) cannot be reached

CONTACT NAME	RELATIONSHIP	HOME PHONE	WORK PHONE

The student will not be released to any individual except the primary care giver or individual(s) listed above.

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize school administration to arrange transportation to, and treatment of, my child at the emergency room of the nearest hospital, or if outside the county, to the nearest facility where medical treatment is available.

Signature of Parent/Guardian:

Date:



## PROGRAM SAFETY UNDERSTANDING

Your child is enrolled in a class that is part of the Career and Technical Education (CTE) Program in Charles County, Maryland. Only with your permission and the teacher's approval may they use the equipment applicable to this program.

Safety instruction will be provided for all tools, equipment, and machines. The rules and procedures for proper and safe operation will be explained prior to use, however, it is the responsibility of the student to always know and follow these rules and procedures. Students will be permitted to operate power equipment only under the supervision of a certified instructor. Parents are urged to discuss with their child the importance of maintaining a safe attitude around power equipment.

Additionally, the Annotated Code of Maryland, Education, 7-407, states that students in Career and Technical Education classes must wear industrial quality eye protection. This will be enforced and maintained whenever students are exposed to any operation or condition that could permit airborne particles or debris.

Please answer the following:

1. Career and Technical Education Students should be covered by some form of accident insurance, either private or school group plan. Please indicate your form of coverage:  
 Private      or       School
2. Does your child have any medical condition (s) which could place them or another student in jeopardy?  
 Yes      or       No, If Yes, please explain in the space below:

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Please complete the permission statement below and sign:

\_\_\_\_\_ has permission to use the tools, machines, materials, and processes necessary to implement the Career and Technical Education Program in which they have enrolled.

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Signature of Parent/Guardian:

Date:



## High School Cadet Program---Department Verification Form

Please provide the information requested for verification of membership for the Cadet Program. Cadets are required to maintain a Membership at a Charles County Volunteer Fire and/or EMS Company, in good standing, to remain in the program. Please report any concerns or status changes to the Program Coordinator as soon as possible.

Department Verification for (name): \_\_\_\_\_

Name of the Department: \_\_\_\_\_

Name of School Member attends: \_\_\_\_\_

1. Cadet's Department Status:

Member

Application Submitted and Pending Approval (please note dates in comments below)

Probational

Not in Good Standing (please explain below)

Comments

2. Cadet's Mentor/Point of Contact Information:

Name: (printed) \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that the Membership of the Cadet named above is as stated. I also understand that any changes in the Cadet's Membership status will be reported to the Program Coordinator immediately.

Signature of Department Officer: \_\_\_\_\_

Printed Name/Rank of Department Officer: \_\_\_\_\_

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





# High School Cadet Program---Physician Authorization Form



To be completed by the Student Applicant:

Name of Cadet (print)	
Name of School/Program:	

### To Be Completed by the Physician:

*Maryland Fire and Rescue Institute conducts instruction for high school cadets in a wide variety of emergency services courses. Cadets can be required to perform strenuous and/or hazardous duties. Listed below is a general description of what those duties may include. If a cadet cannot perform these duties, he/she will not be permitted to participate in the program.*

Cadet Duties: A High School Cadet in the Maryland Fire and Rescue Institutes High School Cadet Program may be required to wear fire protective clothing and self-contained breathing apparatus weighing at least 50 pounds in hazardous atmospheres, perform firefighting and rescue operations that expose them to extreme heat, toxic products of combustion, and hazardous materials. They also may be required to lift and operate heavy machinery, carry and raise ladders, and climb ladders up to 135 feet in height. Cadets may achieve heart rates of 85-100% of their maximum capacity during training operations.

### **FITNESS for Cadet Duty Status:**

The physician authorizes the following duty status for the High School Cadet:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Full Duty (yes or no): Duty status includes all elements listed in the position description listed above.
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Signature of Physician: \_\_\_\_\_

Name of Physician (printed): \_\_\_\_\_

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

Phone: \_\_\_\_\_

Address of Physician: \_\_\_\_\_

## Cadet Driving Privilege Verification Form



Please complete sections 1 and 2 then sign where indicated. A school official, such as the principal or an authorized administrator, must sign this form before it is accepted.

<b>1</b>	Last Name		First Name	
	DOB		DUI <input type="checkbox"/> Yes <input type="checkbox"/> No	FIRE/EMS Station
	School		Grade	

<b>2</b>	Make		Model		Year		Color	
	Tag #/State				School Parking ID #			
	Class Time 10:30 am – 1:30 pm			Leave Home School (Time)			Return to Home School (Time)	

This form is intended to verify that the above-named Cadet has permission to drive to the training facility *and/or* their Member Station during school hours. The Charles County FIRE/EMS Cadet Program will observe all applicable policies of Charles County Public Schools with respect to student drivers and driving privileges. It is at the discretion of the Cadet's Parent(s)/Guardian(s) as well as the Cadet's home school to grant driving privileges to the training facility *and/or* the Cadet's Member Station *for* the purpose of training and instruction during school hours.

Cadets granted driving privileges shall obey and comply all applicable Maryland Driving Laws, Regulations and Rules. The Program assumes no risk or liability for injury, damage or lost to vehicles, person(s) *and/or* property under this privilege.

Cadet drivers who are repeatedly late *or* fail to attend class after leaving their home school are subject to disciplinary action up to and including suspension *or* revocation of driving privileges *and/or* dismissal from the program.

I have read and understand the above statements. I give my permission for my child to drive to the training facility *and/or* their Member Station for training and Instruction during school hours.

For the Cadet named above, I extend the privilege to drive to the training facility *and/or* their Member Station for training and Instruction during school hours.

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Signature of Student	Date	Signature of Parent/Guardian	Date
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Signature of School Principal	Printed Name	Date
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