



Rapid City Fire Department
Cadets
1205 N. Maple Street
Rapid City, South Dakota 57701
(605) 394-4180



Fire Chief: Jason Culberson

Cadet Commander, Sec. Chief: Hunter Harlan
Main Instructor, Firefighter Paramedic: Jim Bussell

Application for Enrollment
Rapid City Fire Cadets

Please send completed form and a copy of your current sports physical to: RCFD.cadets@rcgov.org

PERSONAL

Name: Last: _____ First: _____ M.I. _____

SSN: _____ Current Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Date of Birth: _____

The Cadet Program is for young adults starting at the age of 15 and is at least a Junior, no older than a Senior in High School.

Are you going to be at least a Junior and no older than a Senior in High School? _____

If the position requires driving, do you have a valid driver's license? _____

If yes, please list your driver's license number: State: _____ Number: _____

EDUCATION/TRAINING

For entrance into the Cadet Program and to maintain active status within the program, you must have and maintain a
2.0 GPA

School Name: _____

Current Grade: _____

Current GPA: _____

Are you currently in High School or do you have a GED? _____

What is your highest year of education completed? _____

Please list any other training, or skills that may be applicable to your consideration as a Cadet applicant.

REFERENCES

All Cadet applications must be submitted with a letter of reference from a parent/guardian and a letter of reference from a teacher or employer.

PERSONAL

Name: _____

Address: _____

Phone Number: _____

Employer: _____

Relationship to Applicant: _____

TEACHER

Name: _____

Address: _____

Phone Number: _____

Employer: _____

PRINCIPAL

Name: _____

Address: _____

Phone Number: _____

Employer: _____

WORK HISTORY

Start with your present or most recent employment. You may exclude organizations which indicate race, color, religion, sex, national origin, disability, or other protected status.

Company Name: _____

Address: _____ City, State, Zip: _____

Phone Number: _____ Dates Employed (From/To): _____

Name of Supervisor: _____ Title: _____

State job title and describe your work: _____

Company Name: _____

Address: _____ City, State, Zip: _____

Phone Number: _____ Dates Employed (From/To): _____

Name of Supervisor: _____ Title: _____

State job title and describe your work: _____

AMERICANS WITH DISABILITIES ACT COMPLIANCE: The City of Rapid City fully subscribes to the provisions of the Americans with Disabilities Act and will attempt in the employment process to make any reasonable accommodations necessary to assist qualified persons with disabilities.

BACKGROUND INFORMATION: Please complete this section if: 1) you are 18 years of age or older, or 2) you are less than 18 years of age but have been convicted of a crime in adult court.

Offense Place: _____ Date: _____

Disposition (Sentence): _____

AUTHORIZATION FOR RELEASE OF INFORMATION:

As part of the City of Rapid City employment process, we may be checking your background relative to job and personal references, criminal record and social services record. In order to do that, we must have your authorization.

The undersigned hereby authorizes any state Department of Social Services, Police/Fire Department, and the Rapid City Human Resources Department to obtain and/or release any and all information regarding the social services, work, credit, DOT mandated drug and alcohol testing if applicable, or criminal history of the undersigned applicant for consideration for participation in the Rapid City Fire Cadet Program. The undersigned understands that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or separation from the Cadet Program.

Applicant Signature: _____ Date: _____

PARENT OR LEGAL GUARDIAN'S CONSENT:

I/We, the undersigned, represent that I/we are the legally appointed or natural guardian(s) of the above-names person who is under the age of eighteen (18) years; that he/she has signed the foregoing Release with our full knowledge and consent; and that I/we join in the execution of the same and agree to the terms thereof and do hereby find myself/ourselves in independent agreement to the same terms and provisions for myself/ourselves and my/our heirs, executors, administrators, personal representatives, and assigns.

Parent/ Legal Guardian Signature: _____ Date: _____

Printed Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

Printed Name: _____

EQUAL OPPORTUNITY EMPLOYER

Release and Waiver of Liability

In consideration of permission which I, _____
("Cadet"), have received to participate in the Cadet Program, I voluntarily release the City of Rapid City ("City"), a municipal corporation organized under the laws of the State of South Dakota, and each of Rapid City's public officers, directors, employees, agents, and assigns from any and all liability, claims, demands, actions and causes of action which I may hereafter have on account of any and all injuries and damages to me or my property or my death arising out of or related to any happening or occurrence while I am participating in the Cadet Program or activity incidental thereto. For the same consideration, I voluntarily covenant not to sue Rapid City and said persons and agree to forever hold each of them harmless from any such liability, claims, demands, actions or causes of action.

1. I, the Cadet, assume all risk of personal injury, death, or property loss resulting from my participation in the Cadet Program. I understand that my participation in the Cadet Program includes activities that may be hazardous, or inherently dangerous in nature. I hereby assume the risk of injury or harm from these activities and release the City from all liability for injury, illness, death, or property damage resulting from or occurring while I am participating in the Cadet Program.

2. I release and forever discharge and hold harmless the City and its public officers, directors, officers, deputies, employees, agents, and assigns from any and all liability, claims, and demands of whatever nature, either in law or in equity, which may arise from my participation in the Cadet Program. I understand and acknowledge that this Release and Waiver of Liability discharges the City and said persons from any liability or claim that I may have against them with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation in the Cadet Program.

3. I agree to indemnify and defend Rapid City and its public officers, directors, officers, deputies, employees, agents, and assigns against all liability, loss, damage, costs, and expenses including, but not limited to, costs of defense and reasonable attorney's fees, which Rapid City may hereafter suffer itself or pay to another party by reason of any claim, action, or right of action, at law or in equity, arising out of my participation in the Cadet Program.

4. This Release shall be binding upon me and my heirs, executors, administrators, personal representatives, and assigns and shall inure to the benefit of Rapid City, its agents, public officers, and persons herein designated and their heirs, executors, administrators, personal representatives, assigns and successor in office.

Release and Waiver of Liability

5. I consent to emergency transportation and treatment necessary in the event of injury or illness. I also accept responsibility for the payment of any emergency transportation, treatment, and subsequent medical bills.

I have read this Release and Waiver of Liability. By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability knowingly, willingly, and voluntarily.

Cadet Signature: _____

Date: _____

Parent or Legal Guardian's Consent: I/We, the undersigned, represent that I/we are the legally appointed or natural guardian(s) of the above-named person who is under the age of eighteen (18) years; that s/he has signed the foregoing Release with our full knowledge and consent, and that I/we join in the execution of the same and agree to the terms thereof and do hereby find myself/ourselves in independent agreement to the same terms and provisions for myself/ourselves and my/our heirs, executors, administrators, personal representatives, and assigns.

Parent/Legal Guardian Signature: _____ Date: _____

Printed Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

Printed Name: _____

QUESTIONS

1. What motivates you? _____

2. What does teamwork mean to you? _____

3. Tell us why you should be selected over other similarly qualified applicants? _____

4. As a high school student, balancing school work, social life, and extracurricular activities can be difficult. Please explain how you will prioritize time for this program. _____

5. In this program you will hear about, learn about, and possibly witness traumatic events. What experiences in life have prepared you for this? _____

6. There are many career pathways to consider for a future career. Why does Fire/EMS intrigue you? _____

7. Being a firefighter means that you must be able to overcome adversity. Tell us about a time that you faced a difficult situation and how you overcame it? _____

8. Our program is only able to accept ten students at a time. If you are not chosen as one of the ten, please tell us what things you will do to continue to explore a career in the fire service? _____

9. Please tell us how you will use this experience to better yourself, those around you, and your community? _____