Amarillo Fire Department
Cadet Program Application

Please type or print clearly

Name:	Date Of Birth:	Age:
Home Address:		
Home Phone:	Emergency Phone:	
Name of School Attending:	Previous year completed:	
Applicants Signature:	Date:	
Parent / Guardian Signature:	Date:	
Counselor Section		
Please Circle One: **Strongly Recommend**	**Recommend**	**Conditional**
Comments by the Counselor:		
Counselor's Signature:	Date:	
Mail the completed application to: **Amarillo Fire Department** **Cadet Program** District Chief Owens 310 S. Van Buren **Amarillo, Texas 79101**	Office use only:	