



**City of Margate Fire Department
Cadet Program
Application for Membership**



1835 Banks Road
Margate, FL 33063

Last Name: _____ First Name: _____ Middle Initial: ____ Sex: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone#: (____) _____ Cellular#: (____) _____

Date of Birth: _____ Email: _____

Driver License or State ID #: _____

Have you ever been a cadet for any Police or Fire Rescue agency? Yes / No

If so, please list all agencies: _____

Have you ever been arrested or issued a Notice to Appear? Yes / No

If so, please describe: _____

Mother's Name: _____ Father's Name: _____

Emergency Contact#: (____) _____ Relationship: _____

Allergies: _____

Upon signing this form you will be placed on a three-month probation period.

Applicant Signature _____ Date _____

Guardian Signature _____ Date _____