



**Warsaw Fire Protection District  
108 E Main St.**

**Warsaw, MO 65355**

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# **Standard Operating Guidelines Fire Cadet Corps**

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# **Rules of Conduct**

**As a member of this youth program, you are officially a representative of this department and must act accordingly. We have worked hard to build trust and respect within the community and actions that damage our reputation are taken very seriously. Any violations of the rules of the program or the overall department will be met with disciplinary action and/or expulsion from the program.**

- 1. Members will not violate any laws or regulations of the city, state, or country. Members will also abide by the rules of the department and bylaws of the program.**
- 2. Members will not disrupt any meetings or ceremonies and will obey the orders of superiors. They will control their tempers and exercise patience and discretion.**
- 3. Members will refrain from vulgar, violent, profane, insolent, and threatening language.**
- 4. Members who attend program events under the influence of drugs or alcohol will be dismissed immediately.**
- 5. Members are expected to speak the truth at all times and under all circumstances.**
- 6. Members shall notify the proper authorities if they gain information about a crime or accident.**
- 7. Members shall treat their superior officers and peers with respect.**
- 8. Members shall not be publicly critical or derogatory of orders, instructions, policies, or decisions made by superiors. All complaints shall be brought privately to the issuing party and resolved immediately.**
- 9. Any documentation or information that you become privy to shall be treated as completely confidential. Revealing private information is a serious offense and shall be treated accordingly.**
- 10. Members shall not accept any money, rewards, or gifts meant as compensation, unless it is being donated to the program as a whole.**
- 11. Members are responsible for the proper care of the department's equipment and property.**

- 12. Members are prohibited from smoking while in uniform or at any program function or event.**
- 13. Members are not allowed to respond directly to any emergency scene in their own personal vehicle. Members cannot utilize any form of sirens or emergency lighting in their personal vehicles.**
- 14. Members will not participate in any training or response that they have not been approved for by the program leaders.**
- 15. Once certified to be present at an emergency scene, members shall participate only in the manners and functions that they have been certified for. They will act strictly under the control of their on-scene adult leaders as specified in the program's policy.**
- 16. When at the scene of a live incident or training, members are responsible for wearing full protective gear at all times, unless directly specified by their adult leader.**
- 17. Members shall not walk off an emergency scene without being dismissed by their adult leader.**
- 18. Members shall attend at least 11 of the 22 scheduled WFPD meetings/trainings. These occur on the second and fourth Tuesdays of each month at 6:30 pm at Station #1 located at 108 E Main St Warsaw, MO 65355 unless otherwise stated/cancelled.**
- 19. Members shall not utilize badges or identification issued by the District or Government to procure tobacco, alcohol, or vaping products.**
- 20. Failure to comply with the policy and procedures outlined in this manual will result in disciplinary procedures as outlined in Section #2, Article VII of the WFPD SOG manual until such time as disciplinary procedures are created specifically for the WFPD Fire Cadet Program.**



## Cadet/Junior Volunteer Firefighter Application

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
Street address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: **MO** Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Telephone number: (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_  
Gender: \_\_\_\_\_ U.S. Citizen Yes No Place of Birth: \_\_\_\_\_  
Current Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Occupation (if applicable): \_\_\_\_\_  
Name and Address of Current Employer: \_\_\_\_\_  
\_\_\_\_\_

Driver's License: Yes No License Number: \_\_\_\_\_ State: **MO**  
Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_

### Emergency Contacts

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone number: (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone number: (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone number: (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_ (Cell) \_\_\_\_\_

# Medical Consent Authorization

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

## Medical Provider Information:

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

## Known Medical Problems and Medications:

*This information is included to provide information to emergency personnel of medical problems and medications in an emergency situation.*

Existing Medical Condition <i>(Example: Asthma)</i>	Medication Taken <i>(Example: Combivent)</i>	Dosage Taken <i>(Example: 2 puffs)</i>	Dosage Frequency <i>(Example: Twice Daily)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Medical Consent Authorization:

In the event of an injury, accident, illness, or other emergency, and if the above stated physician cannot be reached, I authorize (myself) and/or (my child) to be treated by certified emergency personnel such as nurses and laboratory technicians. I agree to accept financial responsibility for the costs related to this medical treatment.

\_\_\_\_\_  
Name Phone Date Signed

\_\_\_\_\_  
Name of Authorized Parent or Guardian Phone Date Signed

## Parent/Guardian Consent Form

Junior Firefighter Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: MO Zip Code: \_\_\_\_\_

Participating Fire Department: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_, hereby certify that I/we  
am/are the parent(s) of \_\_\_\_\_, D.O.B. \_\_\_\_\_

I/We FULLY UNDERSTAND that the occupation of Firefighting has been declared hazardous by the Commissioner of the Department of Labor and Industry pertaining to teenagers and will instruct the Minor that: (a) THE ACTIVITIES OF FIREFIGHTING ARE DANGEROUS and participating in these courses involve POTENTIAL RISKS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, OR DEATH as a result of falls from ladders, bodily burns, and excessive smoke inhalation; (b) these risks and dangers may be caused by the Minor's own actions or inaction of others participating in the training program; (c) there may be OTHER RISKS NOT KNOWN TO US or that are not readily foreseeable at this time.

I/We consent to the Minor's participation in the approved firefighting training activities and HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY NOT CURRENTLY COVERED BY LOCALITY PERSONAL LIABILITY OR WORKERS COMPENSATION INSURANCE.

I/WE HAVE READ THIS PARENT/GUARDIAN CONSENT FORM. I/We, the undersigned, having read, understood, and completed the above, and having been briefed regarding the nature of activities the Minor will be participating in, hereby give my/our permission for my child/ward to attend and participate fully in all activities.

My parent(s) or legal guardian(s) and I have read this form and thoroughly understand the potential dangers involved with firefighting activities.

\_\_\_\_\_  
Printed Name of Junior Firefighter      Signature of Junior Firefighter      Date

\_\_\_\_\_  
Printed Name of Parent/Guardian      Signature of Parent/Guardian      Date

\_\_\_\_\_  
Printed Name of Parent/Guardian      Signature of Parent/Guardian      Date

\_\_\_\_\_  
Daytime Contact Phone Number





**THIS PAGE FOR FIRE DEPARTMENT USE ONLY**

Application reviewed by:

\_\_\_\_\_  
\_\_\_\_\_

Recommend for acceptance?

Yes	No
Yes	No

Accepted?  Yes  No

If yes, Date of acceptance: \_\_\_\_\_