



Tucson Fire Department

Cadet Program Application

Please type or print clearly.

Name:		Date of Birth:	Age:
Home Address:			
City:	State:		Zip Code:
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: Tucson Fire Department Cadet Program 10001 S. Wilmot Road Tucson, AZ 85706	
---	--

