



# 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:	
E-mail:		T-shirt size:	
Name of School Attending:		Grade Completed this Year:	
Applicants Signature:		Date:	
Parent / Guardian Signature:		Date:	

### COUNSELOR SECTION

Please Circle One:      **Strongly Recommend**      **Recommend**      **Conditional**

Comments by the Counselor (you may use a separate piece of paper for comments):

Counselor's signature:

Counselor name and phone number:

**\*Current physical by your Physician is required to be considered for the program.**

**\*\*Medical History: If candidate has any respiratory health issues please contact the PSA at 791-4701**

Send completed application by:

Mail: Tucson Fire Department, Cadet Program 10,001 S. Wilmot Road Tucson, AZ 85756

Email to: [Adriana.Tovar@tucsonaz.gov](mailto:Adriana.Tovar@tucsonaz.gov)

Fax: 520-791-5535

Contact the PSA with any questions at 791-4701 or visit our website: <https://www.tucsonaz.gov/fire/cadet-program>

