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Fire Cadet Application

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

AGE: _____ **DATE OF BIRTH:** _____

CURRENT GRADE: _____

CANDIDATE SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

**Applications can be returned to the Halifax Fire Department or
emailed to chief@fire.halifax.ma.us**