

# **Clark County Fire & Rescue** **Fire Cadet Program**

## **In District Ride-Out Form**

**Date Submitted** \_\_\_\_\_

**Cadet Name** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Total Hours** \_\_\_\_\_

**Ride-Out Date** \_\_\_\_\_

**Time: From** \_\_\_\_\_ **To** \_\_\_\_\_

**Ride out Station** \_\_\_\_\_

**Shift** \_\_\_\_\_

### **Cadet Agreement:**

By typing my name in the space below, I agree to abide by all Clark County Fire Cadet Program and ride out policies and procedures. Also, by typing my name in the space below, I attest that I have successfully completed the ride-out requirements form and had it approved by the Lead Instructor. I understand that while on this activity, that I will be a representative of both the Cadet Program and Clark County Fire & Rescue and will act with the utmost professionalism and courtesy, I further understand that as a responder on ride-outs, I will be viewing the private lives of the public, and that I am not allowed to share the names of what I view outside of this program. I also understand that my submittal of this form does not guarantee I will receive the requested ride-out time.

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**(Cadet Signature)**