



Junior Firefighter Program Application

13 – 17 Years Of Age

Personal Information (Personal information is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56.)

Name _____
Last First Initial

Phone Number _____ Birthdate _____

Address _____

School: _____ Grade: _____

Email Address _____

T-Shirt Size: Youth S. 6/8 Youth M. 10/12 Youth L. 14/16
 Adult S. Adult M. Adult L.

Parent/Guardian Name _____

Address _____

Phone Number _____ Cell _____

Email Address _____

Emergency Contacts

Name _____

Phone Number _____ Cell _____

Name _____

Phone Number _____ Cell _____

Medical Information

Medical Conditions _____

Allergies _____

Do you take any medication? Yes No



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Background Information (use another sheet of paper if more space needed)

Have you ever been arrested, ticketed, fined, etc? Yes No

If Yes, Please list the date(s) and what the charge(s) were/was:

Additional Information (use another sheet of paper if more space needed)

What interests you the most about becoming involved with the SFD?

Please list other activities, that you are involved in (Sports, Volunteer Work, Church, etc.)



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AGREEMENT, WAIVER AND RELEASE FORM

(Please Print and sign)

I _____, do hereby consent to allow my child _____ to participate in the Junior Firefighter Program with the Spanish Fire Department. In consideration of the above-described program, I, on behalf of my minor child, and myself hereby agree to release and hold the Town of Spanish, its officers, agents, employees and volunteers harmless from any and all liability for any injury or loss suffered by my minor child or myself, arising from or in any way connected to this program.

Parent/Guardian Signature

Date

PHOTO RELEASE FORM

(Please Print and sign)

I _____, do hereby consent to permit the Town of Spanish, the Spanish Fire Department to photograph me or my children participating in the Junior Firefighter Program for use in publicity or publications for the Town of Spanish, the Spanish Fire Department and will not seek compensation for such.

Parent/Guardian Signature

Date



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CONTRACT OF UNDERSTANDING

I and my son/daughter have read ALL of the Junior Firefighter Policy and understand the guidelines set up to outline the purpose of the Junior Firefighters. I and my son/daughter understand that Junior Firefighters serve as supporters of the SFD and its Volunteer Firefighters to learn the basics of Firefighting and to prepare to become a full member Volunteer Firefighter. I and my son/daughter understand that Junior Firefighters are to follow all instructions from members of the SFD and that the general standard of conduct is to act in the manner of a professional. I and my son/daughter understand that he/she is expected to be courteous and respectful of other members (Junior and Volunteer Firefighter) and to all citizens as they are representing the Spanish Fire Department. I and my son/daughter understand there is a “zero tolerance” policy regarding drug and alcohol use. I and my son/daughter understand that by signing this Contract of Understanding we are declaring that any violation of the guidelines is grounds for immediate dismissal.

Parent/Guardian Signature

Date

Applicant Signature

Date

SFD Use:

Fire Chief Approval _____

Date _____