ALEXANDER FIRE DEPARTMENT INC.
JUNIOR FIREFIGHTER PROGRAM APPLICATION

For Applicants 14-17 years old

Today's Date: _____

Applicant's Name: _____ _

Date of Birth: _____/_____/_____ (mm/dd/yyyy)

Driver's License Number and State (if you drive): _____(**Attach Copy**)

Home Address: _____

_____

City, St, ZIP: _____

Home Phone: _____ Cell Number: _____ (if any)

E-mail: _____

Alternate Address (if needed): _____

_____

PARENT / GUARDIAN INFORMATION

Name(s): _____

Phone
Home: _____ _

Work: _____ _ Cell: _____ _

Emergency Contact (if different):

Name: _____ Phone number: _____ _

Relation to you: _____

Are you related to a member of Alexander Fire Department Inc.? Yes No

If so, who?_____

MEDICAL INFORMATION

Your Doctor's Name and Phone: _____

Are you on any Medications? NO YES (List below and what is being treated)

_____ _

_____ _

Are you allergic to anything? NO YES (List Below)

_____

Do you have any limitations (physical, medical, psychological) that could prevent you from performing the duties of a Junior Firefighter?
No Yes, explain _ _____ _

List any accommodations or adaptations you might need to perform your duties: _____ _

_____

BACKGROUND INFORMATION

School Attending: _____

Grade Level: 9 10 11 12

Are you maintaining a 'C' average or better? Yes No **Please attach a copy of your most recent report card.**

What experience do you have related to the fire service?

_____

What interests you the most about becoming involved with Alexander Fire Department Inc.? (use the back of this page if necessary) _____

_____

Are you able to attend meetings and training on a regular basis (most are Monday nights)?

Yes No If not, why? _____

Have you ever been arrested, ticketed or fined? No Yes If so, list the date and charge:

_____

(Felony convictions will prevent you from being a member of the Alexander Fire Department Inc.)

I do hereby promise to adhere to and abide by the rules and regulations set forth by Alexander Fire Department Inc. Junior Active Member Guidelines. I understand that I am not to appear at a fire scene, training event or department function under the influence of drugs or alcohol. I agree to abide by all traffic laws when responding to an incident. I understand that it is the right of Alexander Fire Department Inc. to terminate this program at any time for any reason.
Upon my termination (voluntary or involuntary), I will surrender all issued equipment in a timely manner.

X_____ _____
Junior Applicants Signature Date

PARENTAL CONSENT

My son/daughter _____ has my permission to be a Junior Active Member with the Alexander Fire Department Inc. I give my consent to allow them to be a Junior Firefighter and do not hold the Alexander Fire Department Inc responsible for any actions caused by my son/daughter that is not under the direction of an Officer.

I and my son/daughter have read ALL of the Junior Firefighter Guidelines and understand the guidelines set up to outline the purpose of the Junior Active Member. I and my son/daughter understand that Junior Members serve as supporters of the Alexander Fire Department Inc. to learn the basics of Firefighting and Emergency services. I and my son/daughter understand that Junior Members are to follow all instructions from members of the Alexander Fire Department Inc. 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 Regular) and to all citizens as they are representing the Alexander Fire Department Inc. 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 application we are declaring that any violation of the guidelines is grounds for immediate dismissal. I and my son/daughter understand that any acts that violate the guidelines and that are illegal by state law will be referred to the Genesee County Sheriff's Department.

X_____
Parent or guardian signature permission to participate: Date

FOR DEPT USE ONLY:
_____*Date received*
_____*Grades*
_____*Letter of Recommendation*
_____*Liability Release*
_____*Interview*
_____*Vote*

Alexander Fire Department Inc.

PO Box 336
Alexander, NY 14005-0336

LIABILITY RELEASE AND MEDICAL AUTHORIZATION

As parent or guardian of the child named below, I give my permission for my child age 14-17 to participate in the Alexander Fire Department Inc. Junior Active Member Program. I give permission for representatives of the Alexander Fire Department Inc. Junior Active Member Program to provide transportation to my child for emergency reasons. In the event of an emergency, I authorize the administration of basic first aid. I also authorize appropriate treatment by emergency medical personnel.

By signing this release, I agree that if my child is injured in any way while participating in the program, I voluntarily release the Alexander Fire Department Inc. Junior Active Member Program, as well as all of their personnel, staff, Board, and directors, from any and all liability for the injuries. I understand and agree that this release applies to not only me, but also my estate, heirs, and assigns.

In the event some other person or entity seeks compensation for these released liabilities, my estate or I, will indemnify and hold harmless the Alexander Fire Department Inc. Junior Active Member Program.
I understand that the program will include minimal risk hands-on trainings with careful, trained supervision; however, unexpected events may occur. I have determined that my child is fully medically capable of participating in the program activities.

I understand that photographs and video may or may not be taken of my child during these activities. I give my permission for the Alexander Fire Department Inc. Junior Active Member Program to use photographs or video for promotional, including brochures or promotional video, and training purposes.
I have read this release; I understand it; and I fully agree to all its terms.

Signature of parent/guardian: _____Date: _____

Name of parent or guardian (print): _____

Parent or guardian address (if different from child): _____

City: _____ State/ZIP: _____

Junior's Name (print): _____ Age: _____

Address: _____

City: _____ State/ZIP: _____

Junior's signature: _____