Petersburg Fire Department

Junior Firefighter Program Application

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, State, Zip:						
Home Phone: () Ce	ll Phone: ()					
E-mail:	 -					
Alternate Address (if needed):						
Alternate Phone: ()						
Parent/Guardian Information						
Names:						
Phone						
Home ()	Cell ()					
Work ()	Other ()					
Emergency Contact (if different):						
Phone: ()	Relation to you:					
Are you related to a member of the Petersburg Fire	Department? Yes No					
If so, who?						

Medical Information

Your Doctor's Name & Phone:		
Are you on any Medications?	No	Yes (Please list all medications & conditions)
Are your allergic to anything?	No	Yes (List below)
Do you have any limitations (physic duties of a Junior Firefighter?	al, med	dical, psychological) that could prevent you from the
No Yes, explain		
List any accommodations or adapta	itions y	ou might need to perform your duties?
Background Information		
School Attending:		
Grade Level: 9 10 11	12	
Are you maintaining a "C" average	or bette	er? Yes No
Please attach a copy of your most	recent	report card.
What experience do you have relat	ed to tl	ne fire service?
What interests you the most about	becom	ning involved with the Petersburg Fire Department?

Are you able to att	end meetings a	nd traini	ng on a reg	ular basis ((most are Wednesday evenings
from 7-9PM)?	Yes No	If not	, why?		
Have you ever bee	n arrested, tick	eted or f	ined? N	o Yes	If so, list date and charges:
(Felony charges will p	revent you from b	eing a mei	mber of the P	etersburg Fi	re Department.)
Work Information					
Current Employer:					
Address:					
Phone: ()					
Your position/title,	/duties:				
Supervisor Name/	Γitle:				
May we contact yo	our employer?	Yes	No		
How many hours p	er week do you	usually	work when	school is i	n session?
			When no	t in sessior	n?
Note: Child labor la	aws may limit yo	our avail	ability to be	e active on	the department or your paid
You may list any ot	her pertinent w	ork histo	ory on the I	oack of this	s page.
Any other extracuretc.)		•			r: (church, sports, leadership,

References

We would like to call at least two people who are not related to you and who have a definite knowledge of your qualifications for membership in the fire service. Do not repeat names listed above.

Friend, Co-Worker, Friend of Family, etc:	
Name:	
Phone: ()	
Email:	
Best time to contact them:	
Teacher, School Official, Religious Leader, etc:	
Name:	
Phone: ()	
Email:	
Best time to reach them:	
Read the Junior Firefighter Program expectations and	rules at www.petersburgkyfire.com
I do hereby promise to adhere to and abide by the ru Child Labor Laws, Petersburg Fire Protection District a I understand that I am not to appear at a fire scene, t under the influence of drugs or alcohol. I agree to abi an incident. I understand that it is the right of Petersburg program at any time for any reason. Upon my ter surrender all issued equipment in a timely manner.	and Junior Firefighter Program Guidelines. raining event or department function de by all traffic laws when responding to ourg Fire Protection District to terminate
X	
Junior Applicants Signature	Date

Parental Consent

My son/daughter	has my permission to be a				
Junior Firefighter with the Petersburg Fire Protection District. I give my consent to allow th to be a Junior Firefighter and do not hold Petersburg Fire Protection District/Boone					
Junior Firefighter S	ignature & Date				

Parent/Guardian Signature & Date

Contract of Understanding

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 Firefighters. I and my son/daughter understand that Junior Firefighters serve as a support role as they learn the basics of firefighteing and to prepare to become a full member at the of 18. I and my son/daughter understand that Junior Firefighters are to follow all instructions from members of the Petersburg Fire Department and that the general standard of conduct ia to act in a manner of 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. 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. 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 Boone County Sheriff Department.

Junior Firefighter Signature & Date

Parent/Guardian Signature & Date

FOR DEPARTMENT USE ONLY:	
Date Received ()
Grades	
References Contacted	
Interview	
Recommendation	
Vote	