

**HALESITE FIRE DEPARTMENT  
JUNIOR FIREFIGHTER PROGRAM**

Application

Date of Application: \_\_\_\_\_

**Applicant Information**

Name:		Age:	Grade Level:
Date of Birth:		E-mail Address:	
Address:		Phone:	Alt Phone:
School:		Grade Point Average:	
Driver's License: YES NO	Driver's License #:	Expiration Date:	

**Parent / Guardian Information**

Name:	Phone (Home) :
	(Cell):
	(Work):
Address:	E-mail Address:
Emergency Contact Name (if different):	Phone (Home):
	(Cell):
	(Work):
Relationship of Emergency Contact to applicant:	

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**Medical Information**

Physician's name:	Physician's phone #:
Are you presently on any medications?    YES    NO    (If yes, list below and what is being treated)	
Do you have any allergies to food, medications, insects, etc.?    YES    NO    (if yes, explain below)	
Do you have any physical limitations or injuries that could hinder performing the duties of a Junior Firefighter?	
List any accommodations or adaptations you might need to perform your duties:	

**General Information**

Are you now or have you ever been a Junior Firefighter elsewhere? YES or NO	If yes, where/when?
What experience do you have related to the fire service?	
What interests you the most about becoming involved with the Junior Firefighter Program at Halesite Fire Department?	
What extracurricular activities do you participate in? Do you have any hobbies?	
How did you hear about the Halesite Fire Department Junior Firefighter Program?	

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**Work Information**

Current employer name, address and phone #:	
Supervisor name:	May we contact your employer?      YES    NO
List your position / title / duties:	
How many hours per week do you usually work?	

**References**

We would like to call at least two people who are not related to you and who have definite knowledge of your character and qualifications for membership as a Halesite Junior. Please provide the name of a friend, co-worker, family friend, etc. below:

Name:
Phone:
E-mail:
Best time to contact them:

Please provide the name of a teacher, school official, religious leader, etc. below:

Name:
Phone:
E-mail:
Best time to contact them:

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**Declaration by Applicant**

I, \_\_\_\_\_, having applied for membership in the Halesite Fire Department Junior Firefighter Program, do hereby agree to support, maintain, and abide by the Constitution of the United States, the laws of the State of New York, the rules and regulations of the Board of Fire Commissioners of Halesite Fire District, and the By-Laws of the Halesite Fire Department Junior Firefighter Program. I also agree to obey the orders of my superior officers and the program's advisors. I understand and agree that my acceptance is dependent upon the completion of this application, adequate physical examination, character references, interview and space available in the Halesite Junior Firefighter Program.

Signature of Applicant:	Date:
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**Parental / Guardian Consent**

**Photo Policy**

I give permission for the Halesite Fire Department to use my child's photograph from a sponsored event on the Department's website and social media accounts (i.e. Instagram, Twitter, Facebook, etc.). These photos may be used for promotional or recognition purposes and also shared with local news media. They will not be sold to any organization or publication.

Signature of Parent/Guardian:	Date:
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**Emergency Medical Release**

In the event of illness or injury occurring to my son or daughter while involved in the Halesite Junior Firefighter Program and neither I nor my emergency contact cannot be reached, I consent to x-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment by the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me and/or my emergency contact will be attempted.

Signature of Parent/Guardian:	Date:
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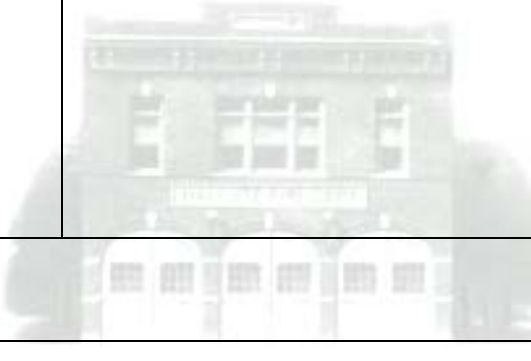
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**Consent to Membership**

As parent or guardian of the above applicant, I hereby give consent to my child becoming a member of the Halesite Fire Department Junior Firefighter Program.

Print Name of Parent/Guardian:	
Signature of Parent/Guardian:	Date:

**For Official Use Only:**

State of:  County of:  Date:	Notary Stamp and Signature: 
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**For Internal Use Only:**

References verified on: _____ by: _____
Interviewed on: _____ by: _____
Sworn in on: _____ by: _____
Discharged on: _____ Due to: _____

Fire Chief Approval:	Date:
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