

# EASTERN DOUGLAS COUNTY VOLUNTEER FIRE DEPARTMENT JUNIOR FIREFIGHTER PROGRAM APPLICATION

For Applicants 16-17 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): \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

## 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 the EDCVFD? 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: 10 11 12

Are you maintaining a 'C' average or better? Yes No

What experience do you have related to the fire service?

What interests you the most about becoming involved with EDCVFD? (use the back of this page if necessary) \_\_\_\_\_

Are you able to attend meetings and training on a regular basis (most are Tuesday/Thursday nights from 6-9pm)?

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 EASTERN DOUGLAS COUNTY VOLUNTEER FIRE DEPARTMENT.)