

WORK INFORMATION

Current Employer: _____

Address: _____

Phone: _____

Your position/title/duties: _____

Supervisor Name/Title: _____

May we contact your employer? Yes No

How many hours per week do you usually work when school is in session? _____
when school is not in session? _____

Note: Child Labor Laws may limit your availability to be active in the department or your paid job.

You may list any other pertinent work history on the back of this page.

Any other extracurricular activities you would like us to consider: (sports, church, leadership, etc.)

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 contact them: _____

I do hereby promise to adhere to and abide by the rules and regulations set forth by MISSOURI Child Labor Laws, EASTERN DOUGLAS COUNTY VOLUNTEER FIRE DEPARTMENT Fire and Junior FF Program 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 Eastern Douglas County Volunteer Fire Dept. 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 Firefighter with the EASTERN DOUGLAS COUNTY VOLUNTEER FIRE DEPARTMENT. I give my consent to allow them to be a Junior Firefighter and do not hold the EASTERN DOUGLAS COUNTY VOLUNTEER FIRE DEPARTMENT or DOUGLAS COUNTY 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 Firefighters. I and my son/daughter understand that Junior Firefighters serve as supporters of the EASTERN DOUGLAS COUNTY VOLUNTEER FIRE DEPARTMENT Firefighters to learn the basics of Firefighting and to prepare to become a full member at the age of 18. I and my son/daughter understand that Junior Firefighters are to follow all instructions from members of EDCVFD 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 EASTERN DOUGLAS COUNTY VOLUNTEER 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 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 Douglas County Sheriff's Department.

X _____

Parent or guardian signature permission to participate: Date