

TOWN OF WATERTOWN FIRE DEPARTMENT JUNIOR FIREFIGHTER PROGRAM APPLICATION

For Applicants 16-18 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 Town of Watertown Fire Department? 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 **Please attach a copy of your most recent report card.**

What experience do you have related to the fire service?

(TWFD Cadet/Junior FF Application and Consent Forms - Page 2 of 5)

What interests you the most about becoming involved with the Town of Watertown Fire Department? (Use the back of this page if necessary)

Are you able to attend meetings and training on a regular basis (most are the second Wednesday of the month - nights from 7-9pm)? NO / YES 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 Town of Watertown Fire Dept.)

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 New York State Child Labor Laws, Town of Watertown Fire Dept., 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 the Town of Watertown 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 Applicant's Signature Date

PARENTAL CONSENT

My son/daughter, _____, has my permission to be a Junior Firefighter with the Town of Watertown Fire Department. I give my consent to allow them to be a Junior Firefighter and do not hold the Town of Watertown Fire Department or Jefferson County responsible for any actions caused by my son/daughter that is not under the direction of an Officer. My son/daughter and I have read ALL of the Junior Firefighter Guidelines and understand the guidelines set up to outline the purpose of the Junior Firefighters. My son/daughter and I understand that Junior Firefighters serve as supporters of the Town of Watertown Firefighters to learn the basics of Firefighting and to prepare to become a full member at the age of 19. I and my son/daughter understand that Junior Firefighters are to follow all instructions from members of TWFD and that the general standard of conduct is to act in the manner of a professional. My son/daughter and I 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 Town of Watertown Fire Department. My son/daughter and I understand there is a "zero tolerance" policy regarding drug and alcohol use. My son/daughter and I understand that by signing this application we are declaring that any violation of the guidelines is grounds for immediate dismissal. My son/daughter and I understand that any acts that violate the guidelines and that are illegal by state law will be referred to the Jefferson County Sheriff's Department.

X _____
Parent or guardian's signature for permission to participate: Date

- FOR DEPT USE ONLY:**
____ Date received
____ Grades
____ References
____ Interview
____ Recommendation
____ Vote

Town of Watertown Fire Department Permission Form for Junior Firefighters

I, _____, hereby certify that I am the legal parent or guardian of _____, a minor, between the ages of sixteen to eighteen, whom is requesting membership with *Town of Watertown Fire Department Junior Firefighters*. By signing below, I acknowledge that the minor named above may participate in fire incidents or training that is potentially hazardous, and may be injured during these actions. I hereby release the *Town of Watertown Fire Department Junior Firefighters, Town of Watertown Fire Department,* and its instructors from liability.

Parent or Guardian Signature

Date

Training Officer of Junior Firefighters

Fire Chief

NOTE: This form must be completed before attending any Town of Watertown Junior Firefighters training sessions. If this form is not signed, the instructor will have no alternative but to dismiss the student from class and future classes until completed.

Town of Watertown Fire Department Cadet/Junior Firefighter Guardian Consent Form

I, _____, legal guardian of, _____ do give my permission/consent for my son/daughter to participate in firefighting activities of the Town of Watertown Cadet/Junior Firefighter program. My son/daughter has received, understood and agreed to follow the rules, regulations, Bylaws and Standard Operating Guidelines of the Town of Watertown Fire Department. I also understand that the membership of my son/daughter may be terminated at any time at the discretion of the officer in charge of the program or the Fire Chief. I give permission to the Town of Watertown Cadet/Junior Firefighter Executive Board to view and the Chief (or his/her representative) to receive and obtain copies of my son/daughters' school grades and attendance records.

I, _____, a student of _____ High School, due wish to apply for membership of the Town of Watertown Cadet/Junior Firefighter program. I have received and agree to follow the rules, regulations, Bylaws and Standard Operating Guidelines of the Town of Watertown Fire Department. By signing below I agree to abide by the rules set forth in said forms. I also understand that my performance both at and away from the department will directly reflect on my membership in this program. I am aware that the Chief (or his/her representative) has the right to obtain and review my grades and attendance records from the school I currently attend.

Signature of Legal Guardian

Date

Signature of Son/Daughter

Signature of Chief or Officer in Charge

Application approved/disapproved on _____
(Circle One)

(END – Page 5 of 5)