

Brodhead Fire Department Junior Firefighter Application

Junior Firefighter Application Information

READ BEFORE FILLING OUT APPLICATION

All Members of Brodhead Fire Department are unpaid volunteers.

All Applications must be submitted at Brodhead City Hall 606-758-8635 or at Brodhead Fire Department

Please complete application

General Requirements

- Junior Firefighter shall be 16 or 17 years of age.
- Shall have graduated from high school or must be enrolled in school and meet attendance requirements set forth by federal, state or local agencies (exception: Junior Firefighters enrolled in a approved home or private school program are acceptable).
- Shall maintain a cumulative grade point average of at least the equivalent of a letter "C" (2.0) in ALL core curriculums.
- Shall not participate in fire department activities during school hours unless authorized school function.

Membership Process

- The Junior Firefighter applicant shall complete a Junior Firefighter application to join BFD and turn it in as directed.
- The application will be forwarded to the standing Junior Firefighter committee for review. The Junior Firefighter committee will meet with the guardians of the applicant and review the application and outline of the Junior Firefighter program. During this meeting parental consent forms will be signed. The Junior Firefighter Committee will then forward the application to the next scheduled business meeting at which the applicant can attend. The membership of BFD will then vote to accept or not accept the applicant.



ATTACHMENT 1

Junior Firefighter Program Application

Please Print using Black or Blue Ink

Section I

• Name: _____

• Phone Number: _____

• Address: _____

• Birthdate: _____

13 year olds are ONLY permitted if a member of an organized program prior to 8/16/10

• Email Address: _____

• Do you have your parent's permission to apply to be a Junior Firefighter?

Yes [] No []

Section II

• Parent/Guardian Name: _____

• Phone Number: _____

• Address: _____

• Emergency Contacts:

➤ Name: _____

➤ Phone Number: _____

➤ Relation: _____

➤ Name: _____

➤ Phone Number: _____

➤ Relation: _____

Section III

- Medical Information

- Doctor: _____

- Phone Number: _____

- Hospital: _____

- Phone Number: _____

- Medical Conditions: _____

- Allergies: _____

- Do you take any medication?

Yes [] No []

If yes, list the medication and what condition it is for:

Section IV

- Background Information (use another sheet of paper if more space is needed)

- A background check will be conducted and a felony will prevent anyone from becoming a member of the JRFF Program.

- Have you ever been arrested, ticketed, fined, (felonies, traffic tickets, misdemeanors, etc.)

Yes [] No []

- If Yes, please list the date(s) and what the charge(s) was/were:

Junior Firefighter Applicant Signature Date

Parent/Guardian Signature and Date

Fire Chief Signature and Date