

Quakertown Fire Company Junior Firefighter Program Application

Please Print using Black or Blue Ink.

**PLEASE READ BEFORE SIGNING:
DISCLAIMER, INDEMNIFICATION & HOLD HARMLESS.**

Firefighting, and all activities associated with firefighting, including but not limited to, the training and drilling of firefighters, the testing of firefighting equipment and vehicles, the potential for the presence of airborne particulate and contaminants, the possibility of extremes in temperature, the dangers associated with responding to emergencies, etc., are all inherently dangerous activities which pose a risk to the most well-trained and experienced of firefighters and first responders.

As such, any individual seeking to participate in the Quakertown Fire Company's Junior Firefighter Program must have this application signed by each and every legal guardian of the prospective junior member.

The signatures of the legal guardians not only give their consent to allow the applicant to be a Junior Firefighter, but indemnify and hold the Quakertown Fire Company and the Franklin Township Fire District, and their respective officers, trustees and members harmless from any and all injuries, including death, and from any damages, in any way stemming from or proximately caused by this applicant's membership within the Quakertown Fire Company's Junior Firefighter Program.

1) Name _____ Phone Number _____

1a) Address _____ Birthdate _____

1b) Email Address _____

2) Do you have your parents permission to apply to be a Junior Firefighter? Yes No

3) Parents/Guardians Names _____

3a) Name of Guardian

Address _____

Phone No: _____

3b) Name of Guardian

Address _____

Phone No: _____

Emergency Contacts

4) Name _____ Phone Number _____

4a) Name _____ Phone Number _____

Medical Information

5) Doctor _____ Phone Number _____

5a) Hospital _____ Phone Number _____

5b) Medical Conditions _____

5c) Allergies _____

5d) Do you take any medication? Yes No

5e) If Yes, list the medication and what condition it is for: _____

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

(A background check will be done as well, a felony will prevent anyone from becoming a member of the QFC)

6) Have you ever been arrested, ticketed, fined, etc? (Felonies, Traffic Tickets, Misdemeanors, etc)
Yes No

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

Additional Information (use another sheet of paper if more space needed)

7) What interests you the most about becoming involved with the Quakertown Fire Company?

8) Please list other activities, in detail, that you are involved in (Sports, Volunteer Work, Church, etc):

Junior Firefighter Signature and Date

Parent/Guardian Signature and Date

Parent/Guardian Signature and Date

QFC Use only:

Fire Chief Approval _____ Date: _____

Parental Consent

My son/daughter, _____, has my permission to be a Junior Firefighter with the Quakertown Fire Company. I give my consent to allow _____ to be a Junior Firefighter and do not hold the Quakertown Fire Company and First Responders or the Franklin Township Fire District responsible for any and all injuries, including death, and from any damages, in any way stemming from or proximately caused by this applicant's membership within the Quakertown Fire Company's Junior Firefighter Program.

Junior Firefighter Signature and Date

Parent/Guardian Signature and Date

Parent/Guardian Signature and Date

Contract of Understanding

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 Quakertown Firefighters to learn the basics of Firefighting in preparation of becoming a full member upon attaining the age of 18. I and my son/daughter understand that Junior Firefighters are to follow all instructions from members of the QFC 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 Quakertown Fire Company. 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 Contract of Understanding 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 appropriate law enforcement agency.

Junior Firefighter Signature and Date

Parent/Guardian Signature and Date

Parent/Guardian Signature and Date

Acknowledge Receipt of Guidelines

I acknowledge that I and my son/daughter have received a copy of the Quakertown Fire Company Junior Firefighter Program Guidelines and have reviewed them prior to signing these documents. I further acknowledge that any questions I may have had concerning these Guidelines have been explained to me to my full satisfaction.

Junior Firefighter Signature and Date

Parent/Guardian Signature and Date

Parent/Guardian Signature and Date

I acknowledge that the above received a copy of the Quakertown Fire Company Junior Firefighter Program Guidelines.

QFC Use only:

Fire Chief Signature and Date

Medical Release

Parent/Legal Guardian.s Name: _____

Address: _____

Phone #s: Home (_____) _____ - _____

Work (_____) _____ - _____

Cell (_____) _____ - _____

Other (_____) _____ - _____

Child's Name _____

List all Known Medical Conditions, Including Food Allergies and/or Drug Allergies. In Addition, Include Any and All Over-the-Counter and/or Prescription Drugs Taken Regularly.

In an emergency, please contact: _____

Relationship to child/children: _____

Phone #s: (_____) _____ - _____ (_____) _____ - _____

(_____) _____ - _____ (_____) _____ - _____

Or contact: _____

Relationship to child/children: _____

Phone #s: (_____) _____ - _____ (_____) _____ - _____

(_____) _____ - _____ (_____) _____ - _____

Physician.s Name: _____

Address: _____

Phone #s: (_____) _____ - _____ (_____) _____ - _____

Dentist.s Name: _____

Address: _____

Phone #s: (_____) _____ - _____ (_____) _____ - _____

Primary Insurance Company: _____

Phone #s: (_____) _____ - _____ (_____) _____ - _____

Billing Address: _____

Policy Holder.s Name: _____

Address: _____

Relationship to child/children: _____

ID #: _____ Group/Policy #: _____

Secondary Insurance Company: _____

Phone #s: (_____) _____ - _____ (_____) _____ - _____

Billing Address: _____

Policy Holder.s Name: _____

Address: _____

Relationship to child/children: _____

ID #: _____ Group/Policy #: _____

Statement of Consent: (To be signed in the presence of a legalized notary public.)

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Signature: _____ Date: _____

Notarization:

On this _____ day of _____, _____, _____
(date) (month) (year) (name of parent)

personally appeared before me in _____ County (in the state of _____)

and, in my presence, signed this medical release form.

Name of Notary Official: _____

Signature: _____

Commission Expires: _____