

**CENTRAL CITY FIRE DEPARTMENT
JUNIOR VOLUNTEER FIREFIGHTER PROGRAM
APPLICATION**

(please print)

Date _____

Name _____ Home Phone _____
 Last First Middle Cell Phone _____

Physical Address: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____

Email Address: _____

Social Security #: _____ Date of Birth: _____

IMPORTANT INFORMATION AND INSTRUCTIONS

We appreciate your interest in joining the Junior Firefighter Program. Your completed application is the primary source of information for making selections for program participants.

1. Selection into the program may be contingent upon factors including (but not limited to) successful completion of a physical examination, verification of school grades and references, and a routine background check, including any criminal record.
2. All applications must be signed to certify that all statements are true and complete.

GENERAL INFORMATION

1. Have you applied with the program before? yes no
2. Are you between the ages of 15 and 17? yes no
3. Have you been convicted of a crime, **excluding** misdemeanors and summary offenses in the past which has not been annulled, expunged or sealed by Court? yes no
If yes, give particulars _____
(A conviction record will not necessarily be a bar from participating in the program. Factors such as the seriousness and nature of the violation, rehabilitation and the effect on performance of the program will be taken into consideration.)
4. Do you have a driver's license? If so, please provide the following drivers license information:
State _____ Class _____ Number _____ Expiration Date _____

SCHOOL INFORMATION

Name of School Currently Attending: _____
School Address: _____

NOTE – Please attach a copy of your latest school grades to this application

What interests you the most about becoming involved with the Central City Fire Department?

EDUCATION

List any activities, volunteer work and/or training that you have been involved in that would be of assistance in evaluating your qualifications for the program.

REFERENCES

List three persons who are not related to you that would recommend you for the Junior Firefighter Program.

Full Name	Address	Occupation	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATION

I certify that all statements on this application are true and complete. I understand that false statements on this application shall be considered sufficient cause for rejection of my application or dismissal from the program. I authorize the department to make any investigation regarding educational history, to perform any background investigations as deemed appropriate and to contact the listed references. If accepted, I will abide by all rules, regulations, and policies of the department and program.

Applicant Signature: _____ Date: _____

I have read the Junior Firefighter Program Guidelines and authorize my child to apply and participate (if selected) in the activities offered by the Junior Firefighter Program

Parent/Guardian Signature: _____ Date: _____

CONSENT AND UNDERSTANDING

My child and I have read the Junior Firefighter Guidelines and understand the guidelines as set forth in the program.

My child and I understand that:

- a) Junior Firefighters serve as supporters of the Central City Fire Department to learn the basics of firefighting and prepare to become a full member at the age of 18.
- b) Junior Firefighters must maintain a "C" average in school.
- c) Junior Firefighters are to follow all instructions from members of the Central City Fire Department as applicable through the program guidelines and that the general standard of conduct is to act in a professional manner.
- d) Junior Firefighters are expected to be courteous and respectful of other members and to all citizens and customers as they are representing the Central City Fire Department.
- e) there is a "zero tolerance" policy regarding drug and alcohol use.
- f) by signing this contract of Understanding that we are declaring that any violation of the guidelines is grounds for immediate dismissal from the program.

Applicant Signature

Date

printed signature

Parent/Guardian Signature

Date

printed signature

Return Completed Application to:

Central City Fire Department
P.O. Box 175
Central City, CO 80427