

# MONROVIA VOLUNTEER FIRE/RESCUE 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 Monrovia Fire/Rescue? 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?

\_\_\_\_\_

What interests you the most about becoming involved with Monrovia Fire/Rescue? (use the back of this page if necessary) \_\_\_\_\_

\_\_\_\_\_

Are you able to attend meetings and training on a regular basis (most are Tuesday/Thursday nights from 6-9pm)?

Yes No 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 Monrovia Fire/Rescue.)*

**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: \_\_\_\_\_

Read the Junior Fire Program expectations and rules at [www.monroviafire.org](http://www.monroviafire.org)

I do hereby promise to adhere to and abide by the rules and regulations set forth by Alabama Child Labor Laws, Monrovia Fire/Rescue, 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 Monrovia Fire/Rescue 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 Monrovia Fire Department. I give my consent to allow them to be a Junior Firefighter and do not hold the Monrovia Fire Department or Madison 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 Monrovia 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 MVFR 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 Monrovia 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 Madison County Sheriff's Department.

X \_\_\_\_\_  
Parent or guardian signature permission to participate:                      Date

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