

# Dighton Fire/Rescue Department Junior Firefighter Program Application

Please Print using Black or Blue Ink.

1) Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
1a) Address \_\_\_\_\_ Birth date \_\_\_\_\_  
1b) Email Address \_\_\_\_\_

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

3) Parent/Guardian Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
3a) Address \_\_\_\_\_

## 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)

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 Dighton Fire/Rescue Department?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature and Date

Parent Signature and Date

DFD Use:

Adult Advisor Approval \_\_\_\_\_

## Parental Consent

My son/daughter, \_\_\_\_\_, has my permission to be a Junior Firefighter with the Dighton Fire/Rescue Department. I give my consent to allow \_\_\_\_\_ to be a Junior Firefighter and do not hold the Dighton Fire/Rescue Department and its members or the Town of Dighton responsible for any actions caused by my son/daughter that is not under the direction of an Adult Advisor and/or Officer.

\_\_\_\_\_  
Junior Firefighter 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 Dighton Fire/Rescue Department to learn the basics of Firefighting. I and my son/daughter understand that Junior Firefighters are to follow all instructions from members of the Dighton Fire/Rescue Department 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 Dighton Fire/Rescue 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 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 Dighton Police Department.

\_\_\_\_\_  
Junior Firefighter 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 Dighton Junior Firefighter Program By-Laws and have reviewed them prior to signing these documents.

\_\_\_\_\_  
Junior Firefighter Signature and Date

\_\_\_\_\_  
Parent/Guardian Signature and Date

\_\_\_\_\_  
Dighton Junior Firefighter Adult Advisor  
Signature and Date

\_\_\_\_\_  
Dighton Junior Firefighter Adult Advisor  
Signature and Date

Please list 3 professional references (cannot be family members)

1. Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Telephone: \_\_\_\_\_