

## **Marion Fire Department**

### **Junior Firefighter Application Packet**

Thank you for your interest in joining the Marion Junior Firefighter Program. Some of the basic requirements of being a junior firefighter are that you are between the ages of 14 to 17, that you live within 6 miles of Marion Fire Dept, and that you maintain a minimum of a C grade average in school. Also we require that our junior firefighters are well disciplined, able to follow the rules and regulations of the department and follow orders from their superiors. Make sure you fill this application out completely, front and back. Failure to do so will have your application rejected for consideration.

If you are interested in joining, please fill out all of the application papers and return them to the fire department between 8am and 5pm. If selected we will notify you on what the next step in the process will be. If you are not notified within 6 month submit a new application if you are still interested. Thanks again for considering the Marion Fire Department.

Junior Firefighter Coordinator

**MARION FIRE DEPARTMENT JUNIOR FIREFIGHTER PROGRAM**

**APPLICATION FOR MEMBERSHIP**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

\_\_\_\_\_

Name of School Attending: \_\_\_\_\_

Have you ever been convicted of any traffic offense(s)? \_\_\_\_\_ If yes, please list offense(s), give date(s) and explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide two personal references:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Convenient time to contact: \_\_\_\_\_

Convenient time to contact \_\_\_\_\_

Print Name of Proposed Member: \_\_\_\_\_

Signature of Proposed Member: \_\_\_\_\_

Print Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

**Marion Fire Department  
Junior Firefighter Program  
Consent Form**

**Approval by Parents or Guardians**

(For all participants under 18 years of age, participating in the Junior Firefighter Program)

---

First name and middle initial of participant

Last Name

---

Address

Birth Date (month/day/year)

---

City

State

Zip

**Approval**

(If applicable both parents/guardians, need to sign)

**For: Marion Fire Department Junior Firefighter Program**

**Parents/Guardians:** Please read all of the statements with the attached rules and regulations for Junior Firefighters and the activities listed. I hereby approve and agree to all of the terms, conditions and waivers of the claims of the CONSENT FORM and certify its correctness. I agree that this participant can meet the health and physical fitness requirements for this program.

**Parent/guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Medical Release:** In the event of illness or injury occurring to my son or daughter while involved in this Marion Fire Department Junior Firefighter Program, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Physician \_\_\_\_\_ Telephone Number \_\_\_\_\_

**MARION JUNIOR FIREFIGHTER PROGRAM  
SCHOOL PERMISSION FORM**

To Whom It May Concern:

The Marion Fire Department operates a Junior Firefighter Program for the purpose of training young people between the ages of 14-17 years in age in the science of fire suppression, Rescue and Emergency Medical Services. The individual listed below is applying for membership in our Junior Firefighter Program at this time and needs your support in his/her training program. A portion of this training is provided by McDowell Tech Community College and requires the permission of the school principal for this person to participate. Parent/Legal Guardian consent is also required. All Junior Members must maintain a "C" average in order to participate in this program. Your assistance and support in this program is greatly appreciated.

Sincerely,

Junior Firefighter Coordinator

JUNIOR FIGHTER COORDINATOR

I hereby certify that \_\_\_\_\_ is applying for membership in the Marion Fire Department Junior Firefighter Program.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

HIGHSCHOOL PRINCIPAL

I hereby support and recommend the above named student to enroll in the Marion Fire Department Junior Firefighter Program for the purpose of Fire, Rescue, and Emergency Medical Services training.

Signed: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of School: \_\_\_\_\_

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