OPERATIONAL GUIDELINE – F	ORMS	Appendix D – Form 23
Junior Firefighter Applicati	on	Page 1 of 4
Name:	Phone Number:	
Address:		
Birth Date: Email Address:		
Do you have your parents' permission to apply to be a Junior Firefighter: Yes 🗌 No 🗌		
Parent/Guardian Name:	rdian Name: Phone Number:	
Address:		
Emorganov Contrato		
Emergency Contacts:	Phono Numbor:	
Name:		
Name:		
Medical Information:		
Doctor:	Phone Number:	
Hospital:	Phone Number:	
Medical Conditions:		
Allergies:		
Do you take medication? Yes 🗌 No 🗌		
If Yes, list the medication and what condition it i	s for:	
Background Information: (use another sheet of paper if more space is needed)		
Have you ever been arrested, ticketed, fined etc.? (Felonies, Traffic Tickets, Misdemeanors, etc)		
If yes, list the date(s) and what the charge(s) were/was:		



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

What interests you the most about becoming involved with the Logan Lake Fire/Rescue Department?

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

 Applicant Signature:
 Date:

 Parent Name:
 (Print)

 Parent Signature:
 Date:

Logan Lake Fire/Rescue Department Use:
Fire Chief Approval:
Date:
Applicant Start Date:



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#### PARENT CONSENT:

My son/daughter, \_\_\_\_\_\_, has my permission to be a Junior Firefighter with the Logan Lake Fire/Rescue Department. I give my consent to allow \_\_\_\_\_\_\_ to be a Junior Firefighter and do not hold the Fire Department and the First Responders of the District of Logan Lake responsible for any actions caused by my son/daughter that is not under the direction of an Officer.

Junior Firefighter Signature: _	Date:
Parent/Guardian Signature:	Date:

#### CONTRACT OF UNDERSTANDING:

My son/daughter and I have read ALL of the Junior Firefighter Guidelines and understand the guidelines set up to outline the purpose of the Junior Firefighters. My son/daughter and I understand that the Junior Firefighters serve as supporters of the Logan Lake Firefighters to learn the basics of Firefighting and to prepare to become a full member at the age of 19. My son/daughter and I understand that Junior Firefighters are to follow all instructions from members of the Logan Lake Fire/Rescue Department and that the General Standard of Conduct is to act in the manner of a professional. My son/daughter and I 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 Logan Lake Fire/Rescue Department. My son/daughter and I understand there is a "zero tolerance" policy regarding drug and alcohol use. My son/daughter and I understand that by signing this Contract of Understanding we are declaring that any violation of the guidelines is grounds for immediate dismissal.

Junior Firefighter Signature:	 Date:
Parent/Guardian Signature:	Date:

#### ACKNOWLEDGE RECEIPT OF GUIDELINES:

I acknowledge that my son/daughter and I have received a copy of the Logan Lake Fire/Rescue Department Junior Firefighter Program Guidelines and have reviewed them prior to signing these documents.

Junior Firefighter Signature:	Date:
Parent/Guardian Signature: _	Date:



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I acknowledge that the above received a copy of the Logan Lake Fire/Rescue Department Junior Firefighter Guidelines.

Fire Chief Signature: \_\_\_\_\_ Date: \_\_\_\_\_