

Saluda County Fire Service Junior Firefighter Program Application

Please Print using Black or Blue Ink.

1) Name _____ Phone Number _____

1a) Address _____ Birthdate _____

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)

(A background check will be done as well, a felony will prevent anyone from becoming a member of the SCFS)

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 Saluda County Fire Service?

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

SCFS Use:

Fire Chief Approval _____

Parental Consent

My son/daughter, _____, has my permission to be a Junior Firefighter with the Saluda County Fire Service. I give my consent to allow _____ to be a Junior Firefighter and do not hold the Saluda County Fire Service and First Responders responsible for any actions caused by my son/daughter that is not under the direction of an 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 Saluda County Firefighters to learn the basics of Firefighting and to prepare to become a full member at the age of 18. I and my son/daughter understand that Junior Firefighters are to follow all instructions from members of the SCFS 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 Saluda County Fire Service. 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 proper authority.

Junior Firefighter Signature and Date

Parent/Guardian Signature and Date

Date Received: _____ Received By: _____

Date Referred: _____ Referred To: _____