

Crawford Township Volunteer Fire Department Junior Program

121 Shawboro Road, Moyock, NC 27958

Application for Membership

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Birthdate \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contacts

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Information

Known Medical Conditions \_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_

Medications Taken \_\_\_\_\_

Background Information (attach additional sheet of paper if needed)

Have you been arrested, ticketed, fined, ect:            Yes (please describe)            No

\_\_\_\_\_

\_\_\_\_\_

What interests you most about becoming involved with the Crawford TWP VFD? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list other activities you are involved in (sports, volunteer work, church, ect) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Junior Firefighter Applicant Signature & Date

\_\_\_\_\_  
Parent/ Guardian Signature & Date

Fire Chief Approval \_\_\_\_\_ Date \_\_\_\_\_

PARENT CONSENT

My son/daughter, \_\_\_\_\_ has my permission to be a Junior Firefighter for the Crawford Township Volunteer Fire Department. I \_\_\_\_\_, will not hold the Crawford Township Volunteer Fire Department responsible for any actions caused by my son/daughter that is not under the direction of an officer or Firefighter in charge.

\_\_\_\_\_  
Junior Firefighter Applicant Signature & Date

\_\_\_\_\_  
Parent/ Guardian Signature & Date

The Foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ and \_\_\_\_\_.

Junior Firefighter Applicant

Parent/Guardian

City/County of \_\_\_\_\_, State of North Carolina

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_

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 Crawford 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 he/she is expected to be courteous and respectful of ALL members and to all citizens as they are representing the Crawford Township Volunteer Fire Department. I and my son/daughter understand that there is a "zero tolerance" policy regarding drug, alcohol, and tobacco 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 are illegal by state law will be referred to the Currituck County Sheriff's Department.

\_\_\_\_\_  
Junior Firefighter Applicant Signature & Date

\_\_\_\_\_  
Parent/ Guardian Signature & Date

ACKNOWLEDGE RECEIPT OF GUIDELINES

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

\_\_\_\_\_  
Junior Firefighter Applicant Signature & Date

\_\_\_\_\_  
Parent/ Guardian Signature & Date

I acknowledge that the above persons received a copy of the CTVFD Junior Firefighter Program Guidelines.

\_\_\_\_\_  
Fire Chief/ Authorized Representative Signature & Date

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Bloodborne/Airborne Pathogens and The Health Insurance Portability Accountability Act (HIPAA)

I (we) \_\_\_\_\_, the parent/guardian of \_\_\_\_\_

do hereby give my (our) express permission for my (our) son/daughter to attend and be instructed on Bloodborne/Airborne Pathogens and The Health Insurance Portability Accountability Act (HIPAA).

A: Bloodborne Pathogens instructs on how to protect oneself and the reporting system from the hazards of potential dangerous body fluids. (some sexual content)

B: Airborne Pathogens instructs on how to recognize and prevent exposure to TB and latent TB (Tuberculosis).

C: Health Insurance Portability Accountability Act instructs on the laws governing protecting patients health information and the repercussions of disclosure.

All parents/guardians are welcome to attend this training. Junior members will not be permitted to attend without written permission.

The class will take approximately three (3) hours and there will be a short quiz after each segment. The class will be held at the Sligo station at the above address. Should you have any questions, please feel free to contact Rebecca Mims at 252-207-7953.

Thank You.

\_\_\_\_\_  
Junior Firefighter Applicant Signature & Date

\_\_\_\_\_  
Parent/ Guardian Signature & Date