



# Scurry

## Volunteer Fire Department

### Junior Firefighter Application



8782 S. FM 148  
P.O. Box 211  
Scurry, Texas 75158  
(972)452-8978

**\*Important\*** - Please Print. **Complete all sections (if applicable).** Use additional paper if needed and attach to this application.

Date of Application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Applicant: (First, Middle, Last) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (Mobile) \_\_\_\_\_ (Home) \_\_\_\_\_

### Education

**High School(s) Attended?** \_\_\_\_\_

\_\_\_\_\_

Suspected Graduation Year? \_\_\_\_\_

**College (if any):** \_\_\_\_\_

\_\_\_\_\_

**Trade School(s):** \_\_\_\_\_

\_\_\_\_\_



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List pertinent job-related certificates and certifications:

(Include dates certifications were issued)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### References

List three references. Please don't utilize relatives.

1. Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_
2. Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_
3. Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Do you have any activities, commitments, responsibilities, or pending actions that may hinder you from meeting attendance or performance requirements?

Yes \_\_\_\_\_ No \_\_\_\_\_ Comments: \_\_\_\_\_

Do you have any Disease, Illness, sensory, or Physical limitations that could prevent the proper performance of the position applied for?

Yes \_\_\_\_\_ No \_\_\_\_\_ Comments: \_\_\_\_\_



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#### Criminal Background

List all driving offenses and convictions (excluding parking violations) you have received in the past (3) three years. Please include dates, offenses, and location.

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Have you been **Convicted** of a **felony** or **misdemeanor** within the last seven years?

Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, List the city, charge, date, and disposition)

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Driver's license number (If any) \_\_\_\_\_ D.L. Classification: \_\_\_\_\_

Do you authorize the Scurry Volunteer Fire Department to obtain a copy of your driving record and background status check from appropriate jurisdictions for the purpose of processing your application?

Yes \_\_\_\_\_ No \_\_\_\_\_



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#### Emergency Contact Information

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

Relation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (Mobile) \_\_\_\_\_ (Home) \_\_\_\_\_

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

Relation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (Mobile) \_\_\_\_\_ (Home) \_\_\_\_\_

**Statement:** I confirm that all statements contained in this application (and attachments, if any made) are true to the best of my knowledge and may be verified (where I have so indicated) by the department. I have read the **General Information Sheet** and understand the minimum requirements, expectations, duties, and responsibilities contained therein. If my status changes about statements made herein for the position applied for, I will inform and advise the department.

\_\_\_\_\_  
**Printed Name of Applicant & Date**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Printed Name of Parent/Guardian & Date**

\_\_\_\_\_  
**Signature of Parent/Guardian**



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### Parent/Guardian Consent

My son/Daughter, \_\_\_\_\_, has my permission to join the Junior Fire Program for Scurry Volunteer Fire Department. I, \_\_\_\_\_, give consent to allow him/her to be part of the program and do not hold the Scurry Volunteer Fire Department, its members, or ESD 5 responsible for any injuries, illness, or actions that occur under reasonable circumstances as part of this program.

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**Printed Name of Applicant & Date**

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**Signature of Applicant**

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**Printed Name of Parent/Guardian & Date**

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**Signature of Parent/Guardian**

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### Contract of Understanding

My son/daughter and I have read all guidelines, protocols, and rules regarding the Scurry Volunteer Fire Departments Junior Firefighter Program and understand that Junior program members will serve in support roles for the department as they learn and train for possible future service. My son/daughter and I understand that members of the Junior program are to follow instructions from superiors and follow department safety professional manner that is courteous and respectful at all times. We understand that there is a “zero tolerance policy” regarding the use of alcohol and drugs while attending any department events. My son/daughter and I understand that in signing this contract of understanding, we are declaring that any violation of the program’s/ Department’s bylaws and standard operating procedures/guidelines will be dealt with by Command Staff and/or department members and may be grounds for immediate dismissal. Any acts that violate state and federal law will be referred to the proper law enforcement agency.

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**Printed Name of Applicant & Date**

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**Signature of Applicant**

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**Printed Name of Parent/Guardian & Date**

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**Signature of Parent/Guardian**



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**((\*\*For Use by Department\*\*))**

**Committee Members:** (Please Print Committee Member's Name)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Recommended Applicant for **Probationary Firefighter**

Yes \_\_\_\_\_ No \_\_\_\_\_ Committee Member's Signature: \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Committee Member's Signature: \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Committee Member's Signature: \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Committee Member's Signature: \_\_\_\_\_

Committee Members Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Primary Mentor:** \_\_\_\_\_

**Secondary Mentor:** \_\_\_\_\_