

FREEHOLD FIRE DEPARTMENT

Junior Firefighter Program

49 WEST MAIN STREET, FREEHOLD, NEW JERSEY 07728 • (732) 462-0164

ORGANIZED APRIL 20, 1872

Dear applicant,

Thank you for your interest in the Freehold Fire Department's Junior Firefighter Program. Included in this packet you find all the necessary information which needs be completed as part of the application process. It consists of:

1. General Information Form
2. Medical / Emergency Contact Form
3. Teacher Recommendation Form
4. Parental Consent Form

Also, please include a copy of your report card from the last completed marking period.

It is in your best interest to complete and return this application as soon as possible.

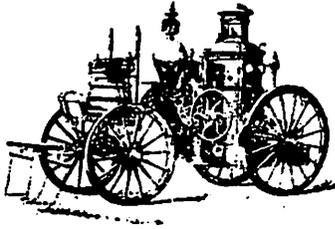
When all components are completed please place in an envelope and mail/deliver to:

**Freehold Fire Department
ATTN: Junior's Program
49 West Main Street
Freehold, NJ 07728**

If you have any questions please contact (732) 462-0164 and someone will get back to you as soon as possible.

Thank you,

The Freehold Fire Department Junior's Committee



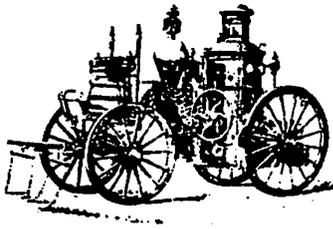
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APPLICANT INFORMATION		
Name:		
Date of birth:	SSN:	Home Phone:
Current address:		Cell Phone:
City:	State:	ZIP Code:
Do you have a previous police background? Yes No <i>(Please circle)</i>		Gender: M F <i>(Please circle)</i>
Driver's License / Permit Number (If applicable):		Age:
EMPLOYMENT INFORMATION		
Current employer (if applicable):		
Employer address:		How long?
Phone:	How many hours do you work a week?	
City:	State:	ZIP Code:
PARENTAL INFORMATION		
Mother's Name:	Work Phone:	Cell Phone:
Father's Name:	Work Phone:	Cell Phone:
HIGH SCHOOL		
Name:		Phone:
Grade:	GPA:	Guidance Counselor:
REFERENCES (OTHER THAN RELATIVES, MUST BE OVER 18)		
Name	Address	Phone
1.		
2.		
OTHER INFORMATION		
Do you have any disabilities / handicaps? Yes No <i>(Please circle)</i>		
If Yes, please list:		
Hobbies / Sports / Interests:		
Other organizations in which you're a member of:		
SIGNATURES		
I certify that all statements on this form are true and understand that my acceptance is subject to the completion of at least a six month period for probation.		
Signature of applicant:		Date:



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Emergency Contact and Medical Information

Applicant's Name _____		Date of Birth _____		M	F
				Sex	
Parent's/Guardian's Name _____		Parent's/Guardian's Name _____			
() _____	() _____	() _____	() _____		
Home Phone	Work Phone	Home Phone	Work Phone		
Address _____		Address _____			
City, ST ZIP Code _____		City, ST ZIP Code _____			

Alternative Emergency Contacts

Primary Emergency Contact _____		Secondary Emergency Contact _____	
() _____	() _____	() _____	() _____
Home Phone	Work Phone	Home Phone	Work Phone
Address _____		Address _____	
City, ST ZIP Code _____		City, ST ZIP Code _____	

Medical Information

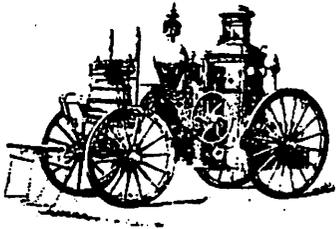
Hospital/Clinic Preference _____

Physician's Name _____	Phone Number _____
Insurance Company _____	Policy Number _____

Allergies/Special Health Considerations that we should be aware of:

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____	Date _____
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Teacher Recommendation Form

To The Teacher: This student is applying to be a member of the Freehold Fire Department's Junior Firefighter Program. Please complete this recommendation form and kindly return to the student at your earliest convenience. Thank you.

To The Student: Please fill out the information below and give this form to one of your teachers. The completion of this report is very important to us in evaluating your abilities and character.

APPLICANT INFORMATION		
Name:		
Date of birth:	SSN:	Home Phone:
Current address:		
City:	State:	ZIP Code:

Teacher's Recommendation

1. How long have you known the applicant? _____

2. In what course(s) have you taught the applicant? _____

3. Applicant's grade(s) in your course(s): _____

4. Applicant's current high school GPA: _____

5. What are the first words that come to your mind to describe the applicant?

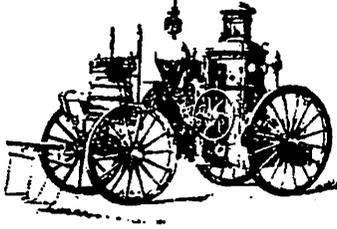
6. How do the student's intellectual interests and motivation compare to those of others in your class?

7. What observations can you make about the applicant's qualities as a person (i.e., peer relations, integrity, leadership potential, etc.)? Are there particular strengths and weaknesses of which we should be aware?

8. Please use this space for anything else you'd like to add about this student:

TEACHER INFORMATION	
Name:	
School:	Phone:
School Address:	Cell Phone:
Signature:	Date:

Thank you for completing this recommendation!



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Parental Consent

I have read the enclosed information completely and thoroughly and understand the list of duties, regulations, and restrictions that will be placed upon my son or daughter,

In addition, I understand my son/daughter will not be permitted to respond to a call after 9:30 P.M. (following the conclusion of the probationary period) or be at the firehouse between the hours of 10 P.M. and 6 A.M.

I understand what he will be involved in and therefore grant my permission as a parent for his/her participation into the Freehold Fire Department Junior Firefighter Program.

Parent's signature: _____

Date: _____