**SHALLOWATER FIRE DEPARTMENT**

**JUNIOR FIREFIGHTER PROGRAM APPLICATION**

Please print using blue or black ink.

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1a) Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1b) Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1c) Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have your parent’s permission to apply to be a Junior Firefighter? Yes No
2. Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3b) Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Background Information** (use another sheet of paper if more space is needed)

(A background check will be conducted. A felony conviction will prevent you from becoming a member of the SFD)

1. Have you ever been arrested, ticketed, fined, etc? (List all felonies, misdemeanors, traffic citations, etc)

Yes No

1. If yes, please list all charges or violations and the dates received:

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

1. What interests you the most about becoming involved with the Shallowater Fire Department

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

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Applicant Signature and Date Parent/Guardian Signature and Date

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| **Shallowater Fire Department** | | | | | |
| **Junior Firefighter Medical Information Form** | | | | | |
| **PURPOSE** | | |  |  |  |
| At times, the physical/medical functions associated with junior firefighting are demanding, exhaustive, and dangerous. Although keeping the junior firefighter safe is the SFD's top priority, injury or illness may occur. The purpose of this form is to provide Program Administrators the necessary information that will assist in the treatment provided to the junior firefighter in the instance of injury/illness while performing as a SFD junior firefighter. All information will be confidential and may only be accessible by Program Administrators as needed. Physical and medical functions can be found in the Junior Firefighter Job Description. The form will be updated on a yearly or as-needed basis. | | | | | |
| **Today's Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  | | | | |
| **Personal Information** | | | | | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Sex: Male \_\_\_\_\_\_\_\_ Female \_\_\_\_\_\_\_\_ | | | | | |
| **Allergies** | | | | | | |

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| --- | --- | --- |
| * Aspirin | * Horse Serum | * Penicillin |
| * Barbiturates | * Insect Stings | * Sulfa |
| * Codeine | * Latex | * Tetracycline |
| * Demerol | * Lidocaine | * X-Ray Dyes |
| * Environmental | * Morphine | * No Known Allergies |
|  | * Novocain | * Other: |

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| **Medical Conditions** |

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| * No Known Medical Conditions | * Diabetes – Type A | * Lymphomas |
| * Abnormal EKG | * Diabetes – Type B | * Malignant Hypothermia |
| * Adrenal Insufficiency | * Eye Surgery | * Memory Impaired |
| * Alzheimer’s Disease | * Glaucoma | * Myasthenia Gravis |
| * Angina | * Hearing Impaired | * Pacemaker |
| * Asthma | * Heart Valve Prosthesis | * Renal Failure |
| * Bleeding Disorder | * Hemodialysis | * Sickle Cell Anemia |
| * Cataracts | * Hemolytic Anemia | * Stroke |
| * Cardiac Dysrhythmia | * Hypertension | * Vision Impaired |
| * Clotting Disorder | * Hypoglycemia | * Other: |
| * Coronary Bypass Graft | * Laryngectomy |  |
| * Dementia | * Leukemia |  |

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| **Medical Information** |

|  |  |  |
| --- | --- | --- |
| Primary Care Physician: | | Phone: |
| Specialist: | Specialty: | Phone #: |
| Specialist: | Specialty: | Phone #: |
| Blood Type: | |  |

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**Restrictions / Medications / Recent Surgery / Medical Insurance**

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| **List any medical / physical restrictions:** | | | |
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| **Medical Problem** | **Medication** | **Dosage** | **Frequency** |
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| **Recent Surgery** | | | |
| **Description of Surgery** | | | **Date** |
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| **Medical Insurance** |  |

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| Insurance Company: | |
| Policy #: | |
| Applicant Signature: | Date: |
| Parent/Guardian Signature: | Date: |