DESHLER VOLUNTEER FIRE AND RESCUE
JUNIOR FIREFIGHTER PROGRAM

JUNIOR FIREFIGHTER PROGRAM APPLICATION

Applicant Information

To be completed by the Cadet

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Age: _____

Gender: ☐ Male ☐ Female ☐ Other

Home Address: _____

_____

Phone Number: _____

Email Address: _____

School Name: _____

Grade Level: _____

_____

GPA (Minimum 2.0 Required): _____

Applicant Medical Information

Name and Group of Primary Physician:

_____

_____

Group Phone Number: _____

Physical Examination Completed: ☐ Yes

Physical Examination Date: _____

_____

Parent/Guardian Information

To be completed by a parent or guardian

Full Name: _____

Relationship to Cadet: _____

Phone Number (1): _____

Phone Number (2): _____

Email Address: _____

Emergency Contact: ☐ Yes ☐ No

Backup Emergency Contact

Full Name: _____

Relationship to Cadet: _____

Phone Number (1): _____

Phone Number (2): _____

Email Address: _____

Other Application Materials

There are 8 pages; Signatures for each part below.

Physical Examination Attached: ☐ Yes

Packet and Release Attached: ☐ Yes

Academic Release Attached: ☐ Yes

Application Signatures Attached: ☐ Yes

DESHLER VOLUNTEER FIRE AND RESCUE
JUNIOR FIREFIGHTER PROGRAM

JUNIOR FIREFIGHTER PHYSICAL EXAMINATION

ENTIRE FORM TO BE COMPLETED AND SIGNED BY PRIMARY CARE PHYSICIAN

Cadet Information

Full Name: _____

Date of Birth: _____

_____

Physician Information

Name: _____

Practice Group: _____

Group Phone Number: _____

Cadet Medical History

Please mark and specify all that are applicable.

1. Chronic health conditions (asthma, heart conditions, diabetes, etc.)? ☐ Yes ☐ No

Health Condition(s): _____

2. Major surgeries or hospitalizations? ☐ Yes ☐ No

Details: _____

3. Known allergies? ☐ Yes ☐ No

Allergies: _____

4. Regular medications? ☐ Yes ☐ No

Medications and Purpose: _____

5. Any fainting, dizziness, or shortness of breath during physical activity? ☐ Yes ☐ No

6. History of notable injuries (head, fractures, sprains, strains)? ☐ Yes ☐ No

Details: _____

Other Relevant Health Information: _____

Cadet Physical Examination

Note to Physician: The sections should reflect your findings considering the Cadet's ability to safely participate in Program activities, which may include physical exertion, training exercises, ladders, heights, heavy equipment, vehicles, fire apparatus, hazardous materials, or emergency response environments.

Height: _____ Vision: ☐ Cleared ☐ Not Cleared

Weight: _____ Heart: ☐ Cleared ☐ Not Cleared

Blood Pressure: _____ Lungs: ☐ Cleared ☐ Not Cleared

Pulse: _____ Skin (rashes, lesions): ☐ Cleared ☐ Not Cleared

Respiratory Rate: _____ Musculoskeletal System: ☐ Cleared ☐ Not Cleared

Oxygen: _____ Mental Wellness: ☐ Cleared ☐ Not Cleared

Optional Notes or Physician-Mandated Restrictions: _____

Physical Activity Assessment and Certification of Health

Based on this physical examination, is the Cadet medically cleared to participate in the Junior Firefighter Program, which includes physically demanding tasks and activities?

☐ Yes ☐ No Additional Comments: _____

By signing below, you, the Cadet's primary care physician, certify that you have reviewed the Cadet's health history and completed the physical examination for the above-listed Cadet. Based on your assessment, you confirm your assessment above.

Physician Signature: _____

Printed Name: _____

Date of Exam (MM/DD/YYYY): _____

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CADET PACKET ACKNOWLEDGEMENT AND RELEASE

This Cadet Packet Acknowledgement and Release (this "Release") is entered into by and between the undersigned participant ("I," or the "Cadet") and the Deshler Volunteer Fire Department (the "Department"), a department of the City of Deshler (the "City") on the date specified in the signature block below. The Cadet has been provided with, and hereby acknowledges the receipt of, the Junior Firefighter Program's Cadet Packet (the "Packet") which sets forth the rules, expectations, and requirements of participation in the Junior Firefighter Program (the "Program"). The Packet also identifies the Program Coordinator and Fire Chief, both of whom administer the day-to-day operations of the Program.

1. CADET PACKET AND APPLICATION ACKNOWLEDGEMENT

I acknowledge I have read and understand the requirements and responsibilities of participation described in the Packet, including the provisions on Eligibility, Conduct and Discipline, Confidentiality and Privacy Expectations, Community Involvement, Communication Guidelines. Additionally, I agree to comply with the Program outlined procedures. My participation in the Program may be jeopardized or revoked by actions not in compliance with the terms of the Packet, state or federal law, or at the sole discretion of the Program Coordinator or Fire Chief.

I acknowledge that I have read, understand, and have completed or caused the completion of all required portions of the Program Application packet, including this Release, the Junior Firefighter Physical Examination, the Junior Firefighter Academic Release, and the Junior Firefighter Program Application (all together, the "Application").

2. AUTHORIZATION TO COLLECT AND USE SENSITIVE INFORMATION

I understand that the medical and academic information (the "Information," the scope of which is described below) provided to the Department is intended solely to determine eligibility for participation in the Program and to ensure compliance with applicable safety standards, as

applicable. I, as well as my parents or guardians, acknowledge that providing the Information is voluntary, but that participation in the Program is conditioned upon it.

I acknowledge that the scope of the Information provided to the Department is limited to the Physical Examination and various academic benchmarks. Such academic information includes Grade Point Average (GPA), applicable school transcripts, attendance records, and any behavioral records.

I understand that Information will be used only by the Department (or its designated officials) for Program eligibility and safety purposes and is not intended for other use or disclosure except as required by law; however, I understand that the organizations listed above may not be covered by state or federal rules governing privacy and security of data and may be permitted to further share information that is provided to them.. I represent that the Information is accurate to the best of my knowledge and verified by a licensed professional or academic authority, as applicable, and that the Department may rely on the Information provided for purposes of program administration and safety. I understand and agree that the Department is not assuming responsibility for the accuracy or sufficiency of the medical evaluation.

I agree that this authorization to use and potentially share my Information is valid from the date of the signature below through the termination of the Cadet's participation in the Program, plus an additional two (2) year period thereafter or until such Information has been properly destroyed or disposed of by the Department according to any applicable law or Department policy. I understand that I am permitted to revoke this authorization to share my Information at any time and can do so by submitting a request in writing to the Program Coordinator and Fire Chief.

I understand that in the event my Information has already been shared by the time my authorization is revoked, it may be too late to cancel permission to share such Information. I understand that I do not need to give any further permission for the information described in this Release and included in the totality of this Application.

3. ASSUMPTION OF RISK AND WAIVER OF LIABILITY

In exchange for participation in the Program, I voluntarily agree to assume all risks and accept sole responsibility for any injury and/or illness to myself. I acknowledge that participation in the Program involves certain inherent risks, possibly including but not limited to exposure to physical exertion, training exercises, ladders, heights, heavy equipment, vehicles, fire apparatus, hazardous materials, and emergency response environments. I understand these activities carry risks of injury, illness, property damage, or even death, and I freely and voluntarily accept these risks as a condition of participation.

In exchange for participation in the Program, I hereby release, covenant not to sue, discharge, and hold harmless the City, its elected officials, employees, agents, volunteers, other participants, sponsoring agencies, and affiliated organizations, including but not limited to the Department, with respect to any and all injury, illness, disability, loss or damage to person or property, expenses, and/or death arising out of or relating to my participation. I understand and

agree that this release and assumption of risk extends to my heirs, estate, executor, administrators, and all members of my family.

If the Cadet is under the age of nineteen (19), I, as the parent or legal guardian, further acknowledge that I have read and understand the nature of the Program and the inherent risks described above. I understand that these risks may result in injury, illness, property damage, or death to my child. By signing below, I consent to my child's participation in the Program, and I voluntarily accept and assume, on my child's behalf and my own, all such risks and all terms of this release, including the waiver of liability and covenant not to sue for the same consideration detailed herein.

4. MEDIA RELEASE AND AUTHORIZATION

As a participant in the Program, I hereby assign and grant to the City and the Department and their employees and agents the right and permission to take, use and publish images, photographs, film, videotape and/or sound recordings of me, with or without my name, for any editorial, promotion, illustration art, advertising, publicity or any other lawful purpose. I hereby waive any right I may have to inspect or approve the finished product or products, or the advertising copy or printed matter that may be used in connection with, or the use to which it may be applied.

5. RESTRICTION ON DISCLOSING CONFIDENTIAL INFORMATION

As a participant in the Program, I understand that I may, during participation in the Program, become aware of confidential or sensitive information, including but not limited to information about medical conditions of individuals, emergency incidents, Department operations, or internal matters of the City. In exchange for participation in the Program, I agree to maintain the confidentiality of all such information and not to disclose, share, or disseminate it in any form to any person or entity outside the Department, unless expressly authorized by the Program Coordinator or the Fire Chief.

I further acknowledge that unauthorized disclosure of confidential information may result in disciplinary action up to and including dismissal from the Program and may subject me to additional legal consequences under applicable law.

CADET PACKET ACKNOWLEDGEMENT AND RELEASE SIGNATURES

By signing below, the Cadet agrees to abide by this Release as well as the Packet and all Program requirements, acknowledges the supervisory authority of the Program Coordinator and Fire Chief, and accepts the terms and conditions of participation in the Program as established in the Packet.

By co-signing below, the parent or legal guardian of the Cadet (the "Parent") represents that they have the legal capacity to consent on behalf of the minor and they hereby join in and

agree to all terms of this release, including the assumption of risk and waiver of liability, on behalf of the minor participant and themselves. The Parent further consents for the Cadet to participate in the Program, understanding the inherent risks and responsibilities involved. The Parent further acknowledges that they have read, understood, and voluntarily signed this Release.

Cadet Signature: _____ Parent Signature: _____

Printed Name: _____ Printed Name: _____

Date: _____ Date: _____

DESHLER VOLUNTEER FIRE AND RESCUE
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JUNIOR FIREFIGHTER ACADEMIC RELEASE

Instructions

Parent and Cadet: Please sign this form and submit it to a school administrator or clerk. When completed, please submit all provided material as part of the Application.

School Administrator: Please provide or attach the requested academic information. Alternatively, if there is a standard form used to provide such information, please attach that form and sign below. If one of the records requested does not exist or is not applicable, mark "No" below. Please sign and return this form and the information to the Parent or Cadet.

Cadet Academic Information

To be completed by a School Administrator or Clerk

Grade Point Average (GPA): _____ Transcript Attached? ☐ Yes ☐ No

Attendance Record Attached? ☐ Yes ☐ No Behavioral Record Attached? ☐ Yes ☐ No

Consent to Release, School Verification, and Signatures

By signing below, the **Parent and Cadet** authorize the release of the academic information by the listed school to assess eligibility for the Program by the Department.

By signing below, the **School Administrator or Clerk** represents that they have the authority to make such a release to the Deshler Volunteer Fire and Rescue Department, authorizes the release of the information included herein, and verifies that the records are accurate.

Cadet Signature: _____ Parent Signature: _____

Printed Name: _____ Printed Name: _____

Date: _____ Date: _____

School Administrator or Clerk Signature: _____

Printed Name: _____

Title or Position: _____ Date: _____

DESHLER VOLUNTEER FIRE AND RESCUE
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JUNIOR FIREFIGHTER APPLICATION SIGNATURES

By signing below, the Cadet (and Parent, if applicable) acknowledge that they have read the Packet and completed the entirety of this Application. Additionally, they represent that all portions of the Application, listed below, are included in its submission:

Application and Emergency Contacts: ☐ Attached

Physical Examination: ☐ Attached ☐ Signed (Physician)

Packet Acknowledgement and Release: ☐ Attached ☐ Signed (Parent and Cadet)

Academic Release: ☐ Attached ☐ Signed (Parent, Cadet, Clerk)

Further, by signing below:

- The Cadet agrees to conform behavior to the requirements established in the Packet;
- The Parent gives permission for the Cadet to participate in the Program, understanding the responsibilities and risks associated with such participation;
- The Parent authorizes Program staff to seek medical treatment in an emergency;
- The Cadet and Parent agree to the terms of the Release;
- The Cadet and Parent understand that the Cadet must provide their own hard-toe boots, long pants, and long-sleeved shirts to participate in the Program; and,
- The Cadet agrees to be bound by the final vote by the Department regarding acceptance to the Program.

Cadet Signature: _____ Parent Signature: _____

Printed Name: _____ Printed Name: _____

Date: _____ Date: _____

For Department Use

Application Received: _____

Notes: _____