

CAPITAL CITY FIRE / RESCUE



CADET FIREFIGHTER PROGRAM APPLICATION

Name _____ Phone # _____

Address _____ Birth date _____

Email Address _____

Do you have your parent's permission to apply to be a Cadet Firefighter? Yes No

Parent/Guardian Information

Name _____ Phone # _____

Address _____

Email Address _____

Emergency Contacts

Name _____ Phone # _____

Name _____ Phone # _____

Medical Information

Doctor _____ Phone # _____

Medical Conditions/Medications _____

Allergies _____

CAPITAL CITY FIRE / RESCUE



Background information

(A felony, misdemeanor, or pending action with Juvenile Justice will prevent anyone from becoming a member of the CCFR – see the Release of Information Authorization Form)

Have you ever been arrested, ticketed, fined, etc? Yes No
If yes, list the dates and what the charges were _____

References (unless a dependent of an active CCFR member)

Name _____ Phone # _____

Name _____ Phone # _____

High School Grade Point Average _____ (must support with copy of last report card)

Additional Information

What interests you the most about becoming involved with the Capital City Fire and Rescue? _____

Please list other activities, in detail, such as sports, volunteer work, or other extra-curricular activities.

Applicant Signature Date Parent/Legal Guardian Signature Date

CCFR Use:
Cadet FF Program Administrator Approval _____
Fire Chief Approval _____

CAPITAL CITY FIRE / RESCUE



PARENTAL CONSENT TO PARTICIPATE IN THE PROGRAM

I, _____, give my son/daughter, _____, permission to be a Cadet Firefighter with Capital City Fire and Rescue (CCFR). I give my consent to allow _____ to be a Cadet Firefighter and do not hold CCFR responsible for any actions caused by my son/daughter that is not under the direction of one of the Program Administrators or a Fire Officer.

Applicant Signature

Date

Parent/Guardian Signature

Date

CAPITAL CITY FIRE / RESCUE



RELEASE OF INFORMATION AUTHORIZATION

I am an applicant for the Capital City Fire and Rescue Cadet Program. In applying for this position, Capital City Fire and Rescue must conduct a comprehensive background investigation to determine if I possess the necessary characteristics to serve in the Capital City Fire and Rescue Cadet Program.

I authorize the department and those who receive this document to obtain and release any and all information you may possess about me, including information may be deemed confidential, privileged, and/or derogatory in nature, including but not limited to: employment information; official employment documents; employment performance materials or data; character reference information; and local criminal history information as permitted by State law.

I hereby release and discharge you, your organization, its officers, agents, all references and employees from any liability or damages, whether in law or in equity, now and in the future, for complying with this request and for furnishing the information requested by the bearer of this authorization form.

I have specifically waived any rights I may have to review or inspect any information developed in this investigation, so your responses will not be released to me. You may retain a copy of this form for your files. A photocopy of this release is to be considered valid as an original.

Applicant Signature

Date

Applicant Name – Printed

If the applicant is under 18 years of age, the following portion must be completed: I, the undersigned parent or guardian, certify that I have also carefully read and understand this Release of Information Authorization, and I agree to its provisions as they apply to the minor applicant.

Parent/Guardian Signature

Date

Parent/Guardian Name – Printed

CAPITAL CITY FIRE / RESCUE



ACKNOWLEDGE RECEIPT OF GUIDELINES

I acknowledge that I and my son/daughter have received a copy of the CCFR Cadet Firefighter Program Guidelines & have reviewed them prior to signing these documents. I acknowledge the importance of my reviewing these guidelines as it relates to the CCFR Cadet Program and how these guidelines inform my knowledge of

Applicant Signature

Date

Parent/Guardian Signature

Date

I acknowledge that the above received a copy of the CCFR Cadet Program Guidelines.

Cadet Program Administrator

Date

CAPITAL CITY FIRE / RESCUE



WAIVER OF LIABILITY, RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT

PLEASE REVIEW THIS WAIVER AND RELEASE FULLY AND CAREFULLY. SIGNING THIS WAIVER ACKNOWLEDGES YOU CANNOT HOLD THE CBJ LIABLE FOR INJURIES, EVEN DEATH, RELATED TO BEING A CCFR CADET FIREFIGHTER.

There are certain risks associated with being in the Capital City Fire and Rescue Cadet Firefighter Program. Cadets will respond to the scene of various emergencies, will undertake physical activities such as lifting and moving objects, and will take on various tasks like a regular firefighter; see the Cadet Firefighter guidelines for further examples of the task and nature of this program. There are also risks given the nature of people and that people make mistakes.

I understand and acknowledge the inherent risks in participating in the Capital City Fire and Rescue (CCFR) Cadet Firefighter Program, including the risk of bodily injury, emotional distress, and even death.

I understand and acknowledge the importance of following the directions given to me by CCFR personnel and emergency responders, and I agree to comply with all such directions. My participation is purely voluntary, no one is pressuring me to participate, and I elect to participate in spite of the risks.

I understand and acknowledge that Capital City Fire and Rescue does not assume responsibility for my safety or my personal property. I represent to CCFR that there is no reason why I should not participate in the Cadet Firefighter Program, such as any physical or mental condition, which could affect my abilities to safely participate in the exercise.

I understand and acknowledge that Capital City Fire and Rescue personnel seek safety, but are not infallible. Mistakes and errors can arise given they are not infallible. Personnel may be ignorant of your physical abilities. They may not give a warning to you which you deem adequate. Instructions may not be completely clear to you, thus requiring you to seek further clarification.

I expressly agree and promise to accept and assume all risks associated with being a CCFR Cadet FIREFIGHTER. I understand and acknowledge that my participation is entirely voluntary and that I am responsible for ensuring that my participation in the activities is within my physical and mental abilities. By signing this release, I understand and acknowledge I AM ULTIMATELY RESPONSIBLE for my own safety during participation in the CCFR Cadet Firefighter Program and use of facilities, equipment, rentals, and/or activities.

CAPITAL CITY FIRE / RESCUE



By my signature below and in consideration of my participation in the CCFR Cadet Firefighter Program, I waive and release CCFR employees, as well as City and Borough of Juneau (“CBJ”), its employees, and its agents from all liability, loss, and/or damage claim or cause of action, known or unknown, including but not limited to physical or mental injury, property damage, and wrongful death, that I may have against CCFR or CBJ, its employees, and its agents, for any and all injuries, damages, or death incurred in relation to the duties and tasks in relation to the CCFR Cadet Firefighter Program, including those caused by the negligence of CCFR or CBJ, unless my injuries, damages or death is caused by the gross negligence of CCFR or CBJ employees or agents.

By signing this document, I acknowledge that if I am hurt or killed, suffer mental and/or emotional distress, or my property is damaged during my participation as a CCFR Cadet Firefighter, I will likely be found by a court of law to have waived my right to maintain a lawsuit against CCFR and the CBJ on the basis of any claim from which I have released them herein.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS.

Dated this _____ day of _____, 20____

Signature

Date of Birth

If the participant is under the age of 18 years, the following page must be completed by the parent or guardian.

CAPITAL CITY FIRE / RESCUE



As consideration for my child participating in the CCFR Cadet Firefighter Program, I, _____, being the parent or legal guardian of _____, a child, for myself, my heirs, and my personal representatives, agree to the foregoing Waiver of Liability, Release, Indemnification, and Hold Harmless Agreement.

By signing this document, I acknowledge that if my child is hurt or killed, suffers mental and/or emotional distress, or my child's property is damaged during his/her participation as a CCFR Cadet Firefighter, a court of law will find my child and I have waived our right to maintain a lawsuit against CCFR and the CBJ on the basis of any claim from which we have released them herein.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND I AGREE I AND MY CHILD ARE BOUND BY ITS TERMS.

Dated this _____ day of _____, 20____

Signature

CAPITAL CITY FIRE / RESCUE



CONTRACT OF UNDERSTANDING

My son/daughter and I have read ALL of the Cadet Firefighter Guidelines and understand the guidelines set up to outline the purpose of the Cadet Firefighters. My son/daughter and I understand that Cadet Firefighters serve as supporters of CCFR and to learn the basics of Firefighting and to prepare to become a full member at the age of 18. My son/daughter and I understand that Cadets are to follow all instructions from members of the CCFR and that the general standard of conduct is to act in the manner of a professional. My son/daughter and I understand that he/she is expected to be courteous and respectful of all other CCFR members and to all citizens as they are representing the CCFR. My son/daughter and I understand there is a “zero tolerance” policy regarding drug and alcohol use. My son/daughter and I understand that by signing this Contract of Understanding we are declaring that any violation of the guidelines is grounds for immediate dismissal. My son/daughter and I understand that any acts that violate the guidelines and that are illegal by City, State and/or Federal law will be referred to the Juneau Police Department.

Applicant Signature

Date

Parent/Guardian Signature

Date

CAPITAL CITY FIRE / RESCUE



CONSENT TO USE OF PHOTOGRAPHS

I hereby agree that photographs, pictures, slides, movies, or videos of me may be taken in connection with my participation in the Capital City Fire and Rescue Cadet Program events or activities. I hereby, in consideration of being part of the Cadet program, consent to the use of photographs, pictures, slides, movies, or videos for any legal, non-commercial purposes. As to those uses, I understand I am not entitled to payment as to the use of said photographs, pictures, slides, movies, or videos taken in connection to the Cadet program.

Applicant Signature

Date

Applicant Name – Printed

If the applicant is under 18 years of age, the following portion must be completed: I, the undersigned parent or guardian, certify that I have also carefully read and understand this Release of Information Authorization, and I agree to its provisions as they apply to the minor applicant.

Parent/Guardian Signature

Date

Parent/Guardian Name – Printed