



Name (Print):		
Address:		
Phone:	Cell:	
E-mail / Courriel:		
Date of Birth:		
Grade level:		
Occupation:		
Type of work:		
Work phone number:		
Date of application:		
Signature:		
Chief's Approval:		

- A Person may join the Dalhousie Fire Department as a junior firefighter upon reaching the age of 14.
- Junior Firefighters will require written permission from a parent or guardian to become a member of the Dalhousie Fire Department.
- Acceptance as a junior firefighter is subject to the discretion of the Fire Chief,
 Officers and Members of the Dalhousie Fire Department. Junior Firefighter status
 may be revoked at any time at the discretion of the Fire Chief. Junior Firefighters
 are subject to a six months probation period, which may be extended indefinitely
 at the discretion of the Fire Chief.
- Junior Firefighters will assist with clean up and returning apparatus and equipment back to service.
- Junior Firefighters shall not respond between the hours of 7:00 am and 4:00pm on regular school days. Junior firefighters shall not allow fire department issued communications equipment to disrupt classroom activities while attending school. Communications equipment shall be turned off when entering the classroom.
- Junior Firefighters may attend training exercises at the discretion of the Fire Chief, subject to the terms and conditions of the training organization

Dalhousie Fire Department





(To be completed by all volunteers under the age of 18 and by parent/guardian)

Applicant's Name (Print):	
Birth Certificate:	
requirements and responsibilities of a any reason I am unable to carry my res	ition in its entirety. I agree to fulfill training junior firefighter to the best of my abilities. If for sponsibilities while volunteering as a junior tment, I will notify the Fire Chief or officer on
 Junior Firefighter Signature	 Date
Parental / Guardian Consent	
Junior Firefighter with the Dalhousie F	, has my/our permission to be a ire Department and I/we will not hold the said ctions caused by my/our son/daughter that is not
Parent/Guardian signature	
Medical Information	
Doctor:	Phone number:
Medicare number:	
Medical Conditions:	
Allergies:	
Do you take any medication? Yes_	· · · · · · · · · · · · · · · · · · ·
If yes, list the medication and what con	ndition is it for:



Contract of Understanding

We have read ALL of the Policy of the **Dalhousie Fire Department** and understand the policy outlines the purpose of the Junior Firefighters. We understand that Junior Firefighters serve as supporters of the **Dalhousie Firefighters** to learn the basics of Firefighting and to prepare to become a full member at the age of 18. We understand that Junior Firefighters are to follow all instructions from members of the fire department and that general standard of conduct is to act in professional manner. We understand that he/she is expected to be courteous and respectful of other members and to all citizens as they are representing the **Dalhousie Fire Department**. We understand there is a "zero tolerance" policy regarding drug and alcohol use. We understand that by signing this Contract of Understanding we are declaring that any violation of the policy is grounds for immediate dismissal.

X	X
Junior Firefighter's signature	Parent/Guardian signature
 Date	 Date