



## **Township of Stirling Rawdon Junior Firefighter Program**

This program is intended to provide education, training, and experience to aspiring firefighters in a safe, controlled, and supervised environment.

### **Eligibility:**

- Age Requirement: Between ages 16 & 18
- Parental Consent: Written consent from a parent or guardian is required
- Medical Clearance: must be provided from a physician
- Educational Requirement: must be actively enrolled in school and maintain a minimum academic standard as determined by the Fire Department
- Character and Conduct: must demonstrate responsible behaviour, respect for authority, and commitment to learning, both on and off duty, as per Township Personnel Policies.

### **Training and Responsibilities:**

Junior firefighters must complete basic orientation training, and ongoing training through scheduled drills, workshops, and classroom sessions.

Junior firefighters may assist with:

- Basic station duties
- Scene support tasks away from hazardous areas
- Fire prevention and public education events
- Setting up and breaking down equipment at scenes
- Assisting with non-hazardous, routine station activities.

A full detailed description can be found on Standard Operating Guideline (SOG) 8021.



# Township of Stirling Rawdon Junior Firefighter Program

## Application for Membership

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ S.I.N: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Education:

Name of School: \_\_\_\_\_

Year Graduating: \_\_\_\_\_

**Employment:** Currently Working: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_



## Township of Stirling Rawdon Junior Firefighter Program

Do you have any previous training as a firefighter? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any special skills or training that would be of benefit to the Fire Department? (e.g. CPR, fire aid, hydraulics etc.) Yes: \_\_\_\_\_ No \_\_\_\_\_

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Do heights affect you? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

What Class? \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Would you be able to obtain written permission from your employer to leave work in the event of a major fire or emergency if required? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to take the required training, be it local or at a training facility, on weekends or evenings? Yes \_\_\_\_\_ No \_\_\_\_\_

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I agree to abide by orders and directions given by officers of the Fire Department at all times.

I will read and abide by the by-laws and standard operating guidelines of the Fire Department as presented to me upon my acceptance as a Junior Firefighter of the Stirling Rawdon Fire Department. I also agree to abide by the policies and by-laws of the Township of Stirling-Rawdon.

I pledge that I will respect and use all fire equipment in the proper manner for which it was designed, return it after use, all equipment in a clean and serviceable condition and report any discrepancies to my Fire Officer(s).

I authorize Stirling Rawdon Fire Department to verify any of the information given on this application.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Township of Stirling Rawdon Junior Firefighter Program

## Parent/Guardian Authorization

As parent or guardian of the child named on this application, I give permission for my child to participate in the Junior Firefighter Program through the Stirling Rawdon Fire Department.

I give permission for representatives of the Stirling Rawdon Fire Department to provide transportation to my child for emergency reasons. In the event of an emergency, I authorize the administration of basic first aid. I also authorize appropriate treatment by emergency medical personnel.

By signing this release, I agree that if my child is injured in any way while participating in the program, I voluntarily release the Township of Stirling Rawdon, as well as all volunteer personnel, as well as all of their personnel and staff, from any and all liability for the injuries.

I understand that the program will include minimal risk hands-on trainings with careful, trained supervision; however, unexpected events may occur. I have determined that my child is fully medically capable of participating in the program activities.

I understand that photographs and video may or may not be taken of my child during these activities. I give my permission for the Stirling Rawdon Fire Department, as well as the Township of Stirling Rawdon to use these photographs or video for promotional, including brochures or promotional video, and training purposes.

I have read this release; I understand it; and I fully agree to all its terms.

Name of parent/guardian (print): \_\_\_\_\_

Parent or Guardians address (if different from child):  
\_\_\_\_\_

Junior's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_