



## Clarinda Fire Department Junior Firefighter Program Application

Please Print using Black or Blue Ink.

1) Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
1a) Address \_\_\_\_\_ Birthdate \_\_\_\_\_  
1b) Cell phone # \_\_\_\_\_

2) Do you have your parents permission to apply to be a Junior Firefighter? Yes No

3) Parent/Guardian Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
3a) Address \_\_\_\_\_

### Emergency Contacts

4) Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
4a) Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### Medical Information

5) Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_  
5a) Hospital \_\_\_\_\_ Phone Number \_\_\_\_\_  
5b) Medical Conditions \_\_\_\_\_

5c) Allergies \_\_\_\_\_

5d) Do you take any medication? Yes No

5e) If Yes, list the medication and what condition it is for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

*(A background check will be done as well, a felony will prevent anyone from becoming a member of the CFD)*

6) Have you ever been arrested, ticketed, fined, etc? (Felonies, Traffic Tickets, Misdemeanors, etc)

Yes                      No

a) If Yes, Please list the date(s) and what the charge(s) were/was:

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

7) What interests you the most about becoming involved with the Clarinda Fire Department?

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

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Applicant Signature and Date

Parent Signature and Date

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## Send Completed Applications to:

Tim McKinnon  
Junior Firefighter Program  
322 E. Nishna  
Clarinda, IA  
51632

(712)542-1063  
clarindafire@hotmail.com

## **Parental Consent**

My son/daughter, \_\_\_\_\_, has my permission to be a Junior Firefighter with the Clarinda Fire Department. I give my consent to allow \_\_\_\_\_ to be a Junior Firefighter and do not hold the Clarinda Fire Department or the City of Clarinda responsible for any actions caused by my son/daughter that is not under the direction of the Fire Chief, Officer, Advisor or Junior Firefighter Guidelines.

Junior Firefighter Signature and Date

Parent/Guardian Signature and Date

\_\_\_\_\_

\_\_\_\_\_

## **Contract of Understanding**

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

Junior Firefighter Signature and Date

Parent/Guardian Signature and Date

\_\_\_\_\_

\_\_\_\_\_

## **Acknowledge Receipt of Guidelines**

I acknowledge that I and my son/daughter have received a copy of the Clarinda Fire Department Junior Firefighter Program Guidelines and have reviewed them prior to signing these documents.

Junior Firefighter Signature and Date

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Parent/Guardian Signature and Date

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I acknowledge that the above received a copy of the Clarinda Fire Department Junior Firefighter Program Guidelines.

Fire Chief Signature and Date

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