



CITY OF GAINESVILLE
 FIRE RESCUE DEPARTMENT
 1025 NE 13 Street, Gainesville, Florida 32601
 (352) 334-5065

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JUNIOR FIRE ACADEMY APPLICATION - 2014

PLEASE FAX YOUR COMPLETED APPLICATION TO 352-334-2523 or DROP IT OFF AT FIRE ADMINISTRATION AT 1025 NE 13TH ST. by May 9th, 2014. There is a \$50 fee for city residents and \$60 fee for non- city residents due May 23rd if accepted.

Section 1 – To be completed by the parents

City of Gainesville Resident: Boy Girl

Applicant's Name: _____	Age: _____	<input type="checkbox"/> Boy	<input type="checkbox"/> Girl
Grade Entering August, 2014: _____	School: _____		

Parent/Guardian Name: _____
LAST MOTHER FATHER

Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mother's Work Phone: _____ Father's Work Phone: _____

Emergency Contact: _____ Cell Phone: _____
NAME TELEPHONE

Email Address: _____ Shirt Size: CS CM CL AS AM AL AXL

Please list all health concerns, limitations, or restrictions and medications for your child:

Why do you support your child's involvement in the Junior Fire Academy?

Only the following people may pick my child up from the Academy:

PLEASE CHECK:

____ My child will be a walker.

____ I will provide transportation for my child. He/she is NOT to walk to or from the Academy.

Section 2 – To be completed by the candidate for Summer 2014

Candidate Name _____ Age _____ Male Female

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Email address _____

In your own words, explain why you should be a candidate in the Gainesville Fire Rescue Junior Fire Academy:

Please attach a second sheet of paper if you need more room to finish.

Candidates are expected to participate in fire rescue activities and take what they learn back home and teach others about fire safety and the fire service. Will you pass along to your family and friends what you learn in this program? How will you do it?

Please attach a second sheet of paper if you need more room to finish.

There are portions of the class that require physical effort in simulated firefighting operations as well as classroom training in fire safety and prevention. Are you willing and able to accept the challenges of the Junior Fire Academy?

Please attach a second sheet of paper if you need more room to finish.

Attendance is required for all portions of the 4-day Academy. Will you commit to attending the entire program?

YES NO

Please feel free to make any additional comments here:

Please attach a second sheet of paper if you need more room to finish.

TERMS OF ENROLLMENT

- ◆ Candidates must attend all sessions every day. Any unexcused absence will be cause for dismissal.
- ◆ Candidates will adhere to the Department’s Rules and Regulations or will be **dismissed without review**.
- ◆ Candidates should not bring any valuables to the program, including toys, radios, jewelry, money etc.
- ◆ Gainesville Fire Rescue is **NOT** responsible for lost items. Staff has been instructed **NOT** to safe keep any candidate’s possessions.
- ◆ **Closed-toed sneakers** everyday (No sandals)
- ◆ **Work clothes including shorts and a belt** (appropriate for the weather)

The Academy will be held at the Gainesville Professional Firefighter’s Union Hall at 1220 NE 8th Ave. Academy hours are 8:30 am – 4:30 pm. Candidates need to be picked up **promptly at 4:30 p.m.** Early drop-off hours are from 7:30 am - 8:30 am. Late pick- up hours are from 4:30 pm until 5:30 pm. Any candidate not picked up by 5:30pm will be charged a \$10.00 late fee per half hour. Junior Fire Academy Staff must be notified **PRIOR** to the first day of camp if early drop off or late pick up is needed.

If I cannot be reached in the case of an emergency, I hereby give my permission to the physician selected by the City of Gainesville Fire Rescue Department’s authorized staff member to hospitalize secure proper treatment for and order injection and/or anesthesia and/or surgery for my child.

_____ Date: _____ Name of Child’s Doctor: _____ Phone No.: _____
Parent /Guardian Signature

Name of Health Insurance Company: _____ ID No. _____

I understand that the fire service is, by its nature, inherently dangerous. However, I also understand that my child will not be placed in any hazardous condition or atmosphere that would compromise his/her health or safety. I give my child permission to participate in all programs and activities conducted by the City of Gainesville Fire Rescue Department, including field trips and ride-alongs. I am fully aware of the risk inherent and hereby release the City of Gainesville, any of its elected or appointed officials, employees or volunteers from any and all liability or claims, including attorney’s fees and costs, for injuries which may be sustained by my minor children of myself on account of his/her participation in said programs or associated activities and events.

_____ Date: _____
Parent/Guardian Signature

I give my permission for my child to be photographed and those photographs with his/her name to be used for publicity purposes for the City of Gainesville Fire Rescue Department’s programs.

_____ Date: _____
Parent/Guardian Signature