



First time applicant:
[ ] Yes [ ] No
If no, year attended: \_\_\_\_\_

FIRE/RESCUE

JUNIOR FIRE MARSHAL ACADEMY APPLICATION – 2017
July 24 – 28, 2017

Please submit your child’s completed application in person at Greenville Fire/Rescue Station 1,
500 S. Greene Street, or email a copy to rthurston@greenvillenc.gov
no later than May 5, 2017. Priority will be given to first-time applicants,
and then in the order received.

Section I: To be completed by parent/guardian

City of Greenville Resident: [ ] Yes [ ] No

Applicant’s Name: \_\_\_\_\_ Age: \_\_\_\_\_ [ ] Boy [ ] Girl
August 2017
Grade: [ ] 4th [ ] 5th [ ] 6th School: \_\_\_\_\_
Child’s Shirt Size: Child Size [ ] S [ ] M [ ] L Adult Size [ ] S [ ] M [ ] L [ ] XL

Parent/Guardian Name: \_\_\_\_\_ LAST FIRST

Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Emergency Contact Name: \_\_\_\_\_ LAST FIRST

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

\*Circle Preferred Number\*

ONLY the following people may pick up my child from the Academy (must have I.D. present):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Please list all medications, allergies and limitations/restrictions for your child (including food allergies):

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

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

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



FIRE/RESCUE

Section II: To be completed by candidate

Name: _____	Age: _____	<input type="checkbox"/> Boy	<input type="checkbox"/> Girl
Address: _____	Apt: _____	City: _____	Zip: _____
Phone: _____	School: _____		

Explain why you should be a candidate in the Greenville Fire/Rescue Junior Fire Marshal Academy?

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

Candidates are expected to participate in Fire/EMS activities and take what they learn back home and teach others. Will you pass along to your family and friends what you learn throughout the week? How do you plan to do that?

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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 and EMS operations, as well as classroom training in Fire and Life Safety Education and Prevention. Are you willing to accept the challenges of the Junior Fire Marshal Academy?

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

Attendance is **required** for all portions of the five-day Academy. Will you commit to attending the entire program?  YES  NO






## FIRE/RESCUE

### ***Section III: To be completed by parent/guardian***

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#### **TERMS OF ENROLLMENT**

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-  Candidates must attend all sessions every day.
-  Candidates should not bring any valuables to the program including toys, jewelry, money, electronics (i.e. tablets, gaming devices).
-  Greenville Fire/Rescue is **NOT** responsible for lost items. Staff will hold cell phones in case of Emergency Contact needs.

The academy will be held at the Greenville Fire/Rescue Training Grounds, located behind Station 6 at 3375 E. 10<sup>th</sup> Street. **Academy hours are 9:00 a.m. – 4:00 p.m., Monday – Thursday, and 9:00 a.m. – 1:00 p.m. Friday, with a graduation ceremony and cookout to follow.** Candidates are to be picked up promptly at 4:00 p.m. Transportation is to be provided for the candidate by the parent/guardian. He/she is NOT to walk to or from the Academy. Lunch will be provided each day by GFR. Be sure to list all food allergies on application.

#### ***Permission, Release and Assumption of Risk***

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In consideration of my child being allowed to participate in the Junior Fire Marshal Academy, sponsored by the Greenville Fire/Rescue (GFR), I hereby assume all risk and release the City of Greenville and its employees from all liability whatsoever for any injuries or accidents in connection with my child's participation. I intend this release to be binding, not only for myself, but also for my family and all legal successors in interest. For the safe enjoyment of this program by all participants, GFR has established rules and regulations and I agree that my child will abide by them or accept dismissal for refusing to follow them. I hereby grant permission to the City of Greenville to use, for promotional purposes, photographs and video images taken of my child while participating in this program. In the event that my child is injured and I cannot be contacted, I hereby give permission to the physician or medical personnel selected by the GFR staff to hospitalize, secure proper treatment or medication for and to take whatever medical actions are necessary to treat my child, and I authorize the physician or medical personnel selected to provide treatment deemed necessary by them.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name

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

For questions regarding JFMA 2017, call or email Rebekah Thurston  
at (252) 329-4679 or [rthurston@greenvillenc.gov](mailto:rthurston@greenvillenc.gov).