



JUNIOR FIRE MARSHAL ACADEMY APPLICATION – 2015

July 13, 2015 – July 17, 2015

Please submit your child’s completed application in person at Greenville Fire/Rescue, 500 S. Greene Street, email to sesmith@greenvillenc.gov, or fax to 252-329-4374, no later than **June 19, 2015.**

Section 1 – To be completed by parent/guardian

City of Greenville Resident Yes No

Applicant’s Name: _____ Age: _____ Boy Girl
August 2015 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: _____

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:

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



Section 2 – 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?

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 about Fire Safety and the Fire Service. Will you pass along to your family and your 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 and EMS operations as well as classroom training in Fire Safety and Prevention. Are you willing to accept the challenges of the Junior Fire Marshal Academy?




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

Attendance is required for all portions of the 5-day Academy. Will you commit to attending the entire program? YES NO



Section 3 – To be completed by parent/guardian

TERMS OF ENROLLMENT

-  Candidates must attend all sessions every day.
-  Candidates should not bring any valuables to the program, including toys, radios, jewelry, money, etc.
-  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 Station 6 Training Grounds, located at 3375 E. 10th Street. Academy hours are 9:00 am – 4:00 pm. Candidates need to be picked up promptly at 4:00 pm. Transportation is to be provided for the Candidate by the parent/guardian. He/she is NOT to walk to or from the Academy.

Permission, Release and Assumption of Risk

In consideration of my child being allowed to participate in the Junior Fire Marshal Academy sponsored by the Greenville Fire/Rescue Department (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: _____