#### Attachment # 2

## Junior Firefighter Program Application

Please print using Black or Blue Ink

| Section I |                     |   |  |  |  |
|-----------|---------------------|---|--|--|--|
| •         | Na                  | me:   |  |  |  |
| •         | Ph                  | one Number:   |  |  |  |
| •         | Ad                  | dress:  |  |  |  |
| •         | Bir                 | thdate:   |  |  |  |
| •         | Em                  | nail Address:   |  |  |  |
| •         | Do                  | you have your parent's permission to apply to be a Junior Firefighter? Yes [ ] No [ ] |  |  |  |
| Se        | ctio                | n li  |  |  |  |
| •         | Pai                 | rent/Guardian Name:   |  |  |  |
| •         | Pho                 | one Number:   |  |  |  |
| •         | Address:            |   |  |  |  |
| •         | Emergency Contacts: |   |  |  |  |
|           | >                   | Name:   |  |  |  |
|           | >                   | Phone Number:   |  |  |  |
|           | >                   | Relation:   |  |  |  |
|           | >                   | Name:   |  |  |  |
|           | >                   | Phone Number:   |  |  |  |
| Sec       | ><br>ction          | Relation:   |  |  |  |

# Attachment # 2 Junior Firefighter Program Application

The following medical information is requested for use in the event that you require medical care as a result of your performance of Junior Firefighter Duties and constitutes the minimum information necessary to ensure that you can be properly treated in the event of illness or injury. Your privacy rights pursuant to HIPAA are provided as an attachment to this application, and by signing this application, you hereby acknowledge your receipt and understanding of this privacy right information."

http://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/npp\_fullpage\_hc\_provider.pdf

| Medical Information   |      |  |  |  |  |  |
|---|------|--|--|--|--|--|
|   |      |  |  |  |  |  |
| > Allergies:  |      |  |  |  |  |  |
| > Medications:  |      |  |  |  |  |  |
| Were you a previous member of another Junior FF ProgramYESNO?     |      |  |  |  |  |  |
| Is "Yes" to the above question, what was your Firefighter Number? |      |  |  |  |  |  |
| Junior Firefighter Applicant Signature                            | Date |  |  |  |  |  |
| Parent/Guardian Signature   | Date |  |  |  |  |  |
| Fire Chief Signature  | Date |  |  |  |  |  |

#### Attachment #3

### **Junior Firefighter Program Parental Consent and Approval**

|   | iviarcr  | March 1, 2016  |  |  |  |  |
|---|--|--|--|--|--|--|
|   | Pleas  | Please print using Black or Blue Ink   |  |  |  |  |
|   | I,   | , hereby grant permission for my child,  |  |  |  |  |
|   |  | , to participate in the Junior Firefighter Program conducted by  |  |  |  |  |
|   | Taylorsville-Spencer Co. FPD . As an official participant in the Junior Firefigh |  |  |  |  |  |
|   | Progra<br>to the   | am with Taylorsvilla Spencer Co , for and on behalf of my child, lagree following: FPD   |  |  |  |  |
| a.  |  | Harmless: I shall release and hold harmless Taylorsvillz-Spence Co and the cky Fire Commission for any harm or damages caused by or any liability incurred from my participation in the Junior Firefighter Program;  |  |  |  |  |
| b.  | Kentu<br>expen<br>child's  | inification: I shall indemnify and defend Teylorsvillz—Spence and the cky Fire Commission against all claims, causes of action, damages, judgments, costs or ses, including litigation costs and attorney(s) fees, which may arise as a result of my participation in the Junior Firefighter Program. Such indemnification shall not be limited to damages but may include other specific damages; |  |  |  |  |
| C.  | disput   | of Law: I agree that my child and I shall settle any and all es between the sponsoring Fire Department the Kentucky Fire Commission, and any sacting on their behalf in Kentucky and using Kentucky law;   |  |  |  |  |
| d.  | Comm   | greement: I agree that neither I nor my child nor anyone from the Kentucky Fire<br>hission or the sponsoring Fire Department has made any promises or agreements that do<br>pear within the body of this document.   |  |  |  |  |
| e. Terms: I and my child agree to the following conditions for participation in the Junior Firefighter Program: |  |  |  |  |  |  |
|   | 1.   | My child shall not serve in any primary firefighting role, but shall at all times serve as a support volunteer who is present only under the supervision of qualified firefighters, either volunteer or paid;  |  |  |  |  |
|   | 2.   | My child shall follow all rules, orders, and other instructions given by the supervising   |  |  |  |  |

3. Failure to follow all rules, orders, and other instructions given by the supervising

members of the sponsoring Fire Department may result in dismissal from the Program. Such dismissal is at the discretion of the supervising members of the Program and shall

members of the sponsoring Fire Department;

not be an appealable decision;

4. My child shall adhere to a code of conduct that is courteous, respectful, civil, and professional at all times while participating in the Junior Firefighter Program;

f. The Junior Firefighter Program maintains a zero-tolerance policy for all participants in regards to drugs, alcohol, violence, and violations of the law. Any participant who violates this zero- tolerance policy shall be dismissed from the Program; and

I further understand that my child is not a firefighter under state law and does not qualify in any manner for benefits or other programs open to those firefighters qualified as professional or volunteer firefighters. Neither I nor my child shall make any claim to those benefits or programs available to paid or volunteer firefighters. -Legitimate claims for workers' compensation will be addressed as appropriate under the law.

I agree and hereby declare that I have read all materials provided to me and my child through the Junior Firefighter Program. In addition, I have discussed these terms, conditions, and requirements with my child; both I and my child understand the requirements for participation in this Program. In declaring this acknowledgement and understanding, I and my child have affixed our signatures below.

Finally, I agree that the sponsoring fire department and its designated agents shall stand in my place for purposes of consent to transport and emergency treatment in the event of injury to my child. I hereby give consent for the sponsoring fire department and its designated agents to make those decisions necessary until such time as I arrive to retrieve my child from the fire department's care and custody. I also agree to hold harmless the sponsoring fire department and its designated agents from any liability or any claims that arise from the decisions to transport or treat my child while in the care of the sponsoring fire department.

|  | Parent or Guardian/Date |  |  |  |  |
|--|-------------------------|--|--|--|--|
|  | Child/Date              |  |  |  |  |
| As Fire Chief of the sponsoring department, I hereby declare that I have supplied the ab named parent and child with all documents, including program guidelines, that are necesfor participation in and completion of the JRFF Program in mydepartment. |                         |  |  |  |  |
|  |                         |  |  |  |  |
| Fire Chief   | Date                    |  |  |  |  |