

Dear Applicant:

Thank you for your interest in the Fair Haven Fire Department's Future Firefighter Program. Included in this packet, you will find all the necessary information which needs to be completed as part of the application process. It consists of:

1. General Information Form
2. Medical/Emergency Contact Form
3. Teacher Recommendation Form
4. Parental Consent Form

Also, please include a copy of your report card from the last completed marking period.

It is in your best interest to complete and return this application as soon as possible.

When all components are completed, please place in an envelope and mail/deliver to:

**Fair Haven Fire Department  
C/O Future Firefighter Program  
645 River Road  
Fair Haven, NJ 07704**

If you have any questions, please contact (732) 741-2939 and someone will get back to you as soon as possible.

Thank you,

*The Fair Haven Fire Department Future Firefighters Committee*

APPLICANT INFORMATION		
Name:		
Date of birth:	SSN:	Home phone:
Current address:		Cell phone:
City:	State:	Zip code:
Do you have a previous police background? Yes No ( <i>please circle</i> )		Gender: M F ( <i>please circle</i> )
Driver's License/Permit Number (If applicable)		Age:
EMPLOYMENT INFORMATION		
Current employer (If applicable)		
Employer address:		How long?
Phone:	How many hours do you work a week?	
City:	State:	Zip code:
PARENTAL INFORMATION		
Mother's name:	Work phone:	Cell phone:
Father's name:	Work phone:	Cell phone:
SCHOOL		
Name:		Phone:
Grade:	GPA:	Guidance counselor:
REFERENCES (OTHER THAN RELATIVES, MUST BE OVER 18)		
Name	Address	Phone
1.		
2.		
OTHER INFORMATION		
Do you have any disabilities/handicaps? Yes No ( <i>please circle</i> )		
If yes, please list:		
Hobbies/sports/interests:		
Other organizations in which you're a member of:		
SIGNATURES		
I certify that all statements on this form are true and understand that my acceptance is subject to the completion of at least a six month period for probation.		
Signature of applicant:		Date:

<b>Emergency Contact and Medical Information</b>
--

<hr/> Applicant's Name	<hr/> Date of Birth
	M   F Sex
<hr/> Parent's/Guardian's Name	<hr/> Parent's/Guardian's Name
<hr/> (   )	<hr/> (   )
<hr/> Home Phone	<hr/> Work Phone
<hr/> Home Phone	<hr/> Work Phone
<hr/> Address	<hr/> Address
<hr/> City, State, Zip	<hr/> City, State, Zip

<b>Alternate Emergency Contacts</b>
-------------------------------------

<hr/> Primary Emergency Contact	<hr/> Secondary Emergency Contact
<hr/> (   )	<hr/> (   )
<hr/> Home Phone	<hr/> Home Phone
<hr/> Work Phone	<hr/> Work Phone
<hr/> Address	<hr/> Address
<hr/> City, State, Zip	<hr/> City, State, Zip

<b>Medical Information</b>
----------------------------

---

Hospital/Clinic Preference

---

Physician's Name

---

Phone Number

---

Insurance Company

---

Policy Number

---

Allergies/Special Health Considerations that we should be aware of:

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

---

Parent's/Guardian Signature

---

Date

## **Parental Consent**

I have read the enclosed information completely and thoroughly and understand the list of duties, regulations, and restrictions that will be placed upon my son or daughter,

\_\_\_\_\_.

In addition, I understand my son/daughter will not be permitted to respond to a call after 9:30 PM (following the conclusion of the probationary period) or be at the firehouse between the hours of 10 PM and 6 AM.

I understand what he/she will be involved in and therefore grant my permission as a parent for his/her participation into the Fair Haven Fire Department Future Firefighter Program.

Parent's Signature: \_\_\_\_\_

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

## Teacher Recommendation Form

**To the Teacher:** This student is applying to be a member of the Fair Haven Fire Department's Future Firefighter Program. Please complete this recommendation form and kindly return to the student at your earliest convenience. Thank you.

**To the Student:** Please fill out the information below and give this form to one of your teachers. The completion of this report is very important to us in evaluating your abilities and character.

APPLICANT INFORMATION		
Name:		
Date of Birth:	SSN:	Home Phone:
Current address:		
City:	State:	Zip Code:

### Teacher's Recommendation

1. How long have you known the applicant? \_\_\_\_\_
2. In what course(s) have you taught the applicant? \_\_\_\_\_
3. Applicant's grade(s) in your course(s): \_\_\_\_\_
4. Applicant's current high school GPA: \_\_\_\_\_
5. What are the first words that come to your mind to describe the applicant?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. How do the student's intellectual interests and motivation compare to those of others in your class?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What observations can you make about the applicant's qualities as a person (i.e., peer relations, integrity, leadership potential, etc.)? Are there particular strengths and weaknesses of which we should be aware?

---

---

---

---

---

---

---

8. Please use this space for anything else you'd like to add about this student:

---

---

---

---

---

---

---

TEACHER INFORMATION	
Name:	
School:	Phone:
School address:	Cell Phone:
Signature:	Date:

*Thank you for completing this recommendation!*