**VINE GROVE FIRE DEPARTMENT**



**513 HIGHLAND AVENUE**

**VINE GROVE, KENTUCKY 40175**

**SERVING THE COMMUNITY SINCE 1870**

**Business Phone 207-877-5205**

**Junior Firefighter Program Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Individual Information**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last First Middle Initial**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street City State Zip Code**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Work Cell Email Address**

**Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have your parent’s / guardian’s permission to apply to be a Junior Firefighter? Yes No**

**Please circle answer.**

**Personal Information**

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contacts:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VINE GROVE FIRE DEPARTMENT**



**513 HIGHLAND AVENUE**

**VINE GROVE, KENTUCKY 40175**

**SERVING THE COMMUNITY SINCE 1870**

**Business Phone 207-877-5205**

**Medical Information**

**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.**

**Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you take any medications: Yes No**

**Please circle answer.**

**If Yes, list the medication and what condition it is for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Background Information (Use another sheet of paper if more space is needed.)**

**Have you ever been arrested, ticketed, fined (traffic tickets, misdemeanors, etc.)? Yes No**

**Please circle answer**

**If yes, please list the dates and charges:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Signature and Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent / Guardian Signature and Date**

**VINE GROVE FIRE DEPARTMENT**



**513 HIGHLAND AVENUE**

**VINE GROVE, KENTUCKY 40175**

**SERVING THE COMMUNITY SINCE 1870**

**Business Phone 207-877-5205**

**PARENTAL CONSENT**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby grant permission for my child to participate in the Junior Firefighter Program conducted by the Vine Grove Fire Department. As an official participant in the Junior Firefighter Program with the Vine Grove Fire Department, for and on behalf of my child, I agree to the following:**

1. **Hold Harmless: I shall release and hold harmless the Vine Grove Fire Department and the Kentucky Fire Commission for any harm or damages caused by or any liability incurred from my child’s participation in the Junior Firefighter Program;**
2. **Indemnification: I shall indemnify and defend the Vine Grove Fire Department and the Kentucky Fire Commission against all claims, causes of action, damages, judgments, costs or expenses, including litigation costs and attorney(s) fees, which may arise as a result of my child’s participation in the Junior Firefighter Program.. Such indemnification shall not be limited to actual damages but may include other specific damages;**
3. **Choice of Law: I agree that my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I shall settle any and all disputes between the sponsoring Fire Department, the Kentucky Fire Commission, and any parties acting on their behalf in Kentucky and using Kentucky law;**
4. **Full Agreement: I agree that neither I nor my child nor anyone from the Kentucky Fire Commission or the sponsoring Fire Department has made any promises or agreements that do not appear within the body of this document.**
5. **Terms: I and my child agree to the following conditions for participation in the Junior Firefighter Program;**
6. **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;**
7. **My child shall follow all rules, orders, and other instructions given by the supervising members of the sponsoring Fire Department;**
8. **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 not be an appealable decision;**
9. **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;**
10. **The Junior Firefighter Program maintains a zero-tolerance policy for all participants in regards to drugs, alcohol, and violence. 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 manner for benefits or other programs open to those firefighter 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 address 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**

**VINE GROVE FIRE DEPARTMENT**



**513 HIGHLAND AVENUE**

**VINE GROVE, KENTUCKY 40175**

**SERVING THE COMMUNITY SINCE 1870**

**Business Phone 207-877-5205**

**department and its designated agents from any liability or any claims that rise from the decisions to transport or treat my child while in the care of the sponsoring fire department**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Firefighter Signature and Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent / Guardian Signature and Date**

**As Fire Chief of the sponsoring department, I hereby declare that I have supplied the above named parent and child with all documents, including program guidelines, that are necessary for participation in and completion of the JRFF Program in my department.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fire Chief Signature and Date**

**VINE GROVE FIRE DEPARTMENT**



**513 HIGHLAND AVENUE**

**VINE GROVE, KENTUCKY 40175**

**SERVING THE COMMUNITY SINCE 1870**

**Business Phone 207-877-5205**

**ACKNOWLEDGE RECEIPT OF GUIDELINES**

**I acknowledge that I and my son/daughter have received a copy of the Vine Grove Fire Department Junior Firefighter Program Guidelines and have reviewed them prior to signing this document.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Junior Firefighter Signature and Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent / Guardian Signature and Date**

**VINE GROVE FIRE DEPARTMENT**



**513 HIGHLAND AVENUE**

**VINE GROVE, KENTUCKY 40175**

**SERVING THE COMMUNITY SINCE 1870**

**Business Phone 207-877-5205**

**GENERAL REQUIREMENTS**

**JRFF’s shall never:**

**Serve at the Incident Commander during non-emergency and/or emergency responses;**

**Participate in the place of trained personnel during non-emergency or emergency responses;**

**Engage in any non-emergency or emergency activities which may expose the JRFF to any situation which may be Immediately Dangerous to Life or Health (IDLH) as defined by the U.S. National Institute for Occupational Safety and Health (NIOSH) involving any fire or smoke conditions to include structure, vehicle, dumpster, wildland, liquids, gases, or rubbish fires; and/or operating in any Hazardous Materials control activities.**

**Operating hydraulic or power tools while on any non-emergency or emergency incident scene;**

**Participate in ventilation on any non-emergency or emergency incident scene which involve the JRFF encountering an IDHL;**

**Climb ladders during non-emergency or emergency incident responses to include aerial and/or ground ladders**

**Be responsible for apparatus operations; or**

**Be responsible or participate in traffic control activities**

**JRFF’s on an incident scene may assist with the following activities:**

**Accountability;**

**Rehabilitation Area (Rehab);**

**Exterior operations of hose to include operations and relocation of hose 3” or less in size, rolling and loading of hose outside an IDHL atmosphere;**

**Retrieval of equipment and/or tools from apparatus.**

**EDUCATIONAL REQUIREMENTS**

**JRFF’s shall be:**

**A high School graduate or equivalent; or**

**Enrolled in public, private, or home school in good standing who meet the attendance regulations as set forth by federal, state, or local authorities.**

**(Exception: JRFF’s enrolled in an approved home or private school program)**

**A student must maintain a course grade average or the equivalent of the letter “C” (2.0) in all courses of study; and**

**Prohibited from participating in any fire department activities during regular school hours unless authorized by educational institution and fire department.**

**VINE GROVE FIRE DEPARTMENT**



**513 HIGHLAND AVENUE**

**VINE GROVE, KENTUCKY 40175**

**SERVING THE COMMUNITY SINCE 1870**

**Business Phone 207-877-5205**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand all policies and Guidelines and disciplinary actions as set forth by the Vine Grove Fire Department. I will maintain all gear issued to me and will return it to the Vine Grove Fire Department when I leave the Junior Firefighter Program.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Junior Firefighter Signature and Date**

**VINE GROVE FIRE DEPARTMENT**



**513 HIGHLAND AVENUE**

**VINE GROVE, KENTUCKY 40175**

**SERVING THE COMMUNITY SINCE 1870**

**Business Phone 207-877-5205**

**Training and Emergency Contact Information**

**JRFF Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class/Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Fire School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fire Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**JRFF Program Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Print**

**JRFF Program Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**JRFF Program Coordinator Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**JRFF Program Coordinator SHALL provide all JRFF’s with a Training & Emergency Contact Information Form prior the JRFF attending classes outside of the JRFF primary department. The information included above is required at a minimum. Fire Departments may collect more information if necessary.**

**Inform participating Junior Firefighters that they must keep a copy of this form with them at all times while participating in the fire department activities. Class instructors and/or school/conference leadership may randomly request to see a copy of the form during the conduct of classes and or event. If participant is unable to provide a copy, the instructor, other department leadership, or conference organizers shall not allow the child to continue participation until the form is produced.**

**VINE GROVE FIRE DEPARTMENT**



**513 HIGHLAND AVENUE**

**VINE GROVE, KENTUCKY 40175**

**SERVING THE COMMUNITY SINCE 1870**

**Business Phone 207-877-5205**

**JUNIOR FIREFIGHTER PROGRAM**

**NOTIFICATION FORM**

**DATE JUNIOR FIRE FIGHTER PROGRAM STARTED: May 2005**

**FIRE DEPARTMENT NAME: VINE GROVE FIRE DEPARTMENT**

**FIRE DEPARTMENT ADDRESS: 513 HIGHLAND AVE, VINE GROVE KY 40175**

**FIRE CHIEF: STEVEN R. NEW**

**FIRE CHIEF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature**

**PROGRAM COORDINATOR: KENNETH LUCEY**

**PROGRAM COORDINATOR CONTACT NUMBER: 270-877-5202**

**DATE SUBMITTED: 16 March 2016**

**I have enclosed a copy of our driving SOG that address our ride along guidelines.**