

<u>Iqaluit Fire Department</u> <u>Junior Firefighter Program Application</u>

1) Name
2) Phone Number
3) Address
4) Birth date
5) Email Address
Social Insurance Number
2) Do you have your parent's permission to apply to be a Junior Firefighter Yes No
Parent/Guardian Name
Phone Number Address
Thome I tumout I tudiess
Emergency Contacts
Name Phone Number
Name Phone Number
Medical Information DoctorPhone Number Medical Conditions:
Allergies:
Do you take any medication? Yes / No If Yes, list the medication and what condition it is for:
<u>Background Information</u> (use another sheet of paper if more space needed)
Have you ever been arrested and charged to where a pardon was not granted? Yes / No
If Yes, Please list the date(s) and what the charge(s) were/was:

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▷5bc▷∩%U (867) 979-5600 ~b5⊃bdf (867) 979-5922

City of Iqaluit

Box 460

Iqaluit, Nunavut

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	ner sheet of paper if more space needed) becoming involved with the Iqaluit Fire
Please list other activities, in detail Volunteer Work, Church, etc):	il, that you are involved in (Sports,
Parental Consent	
be a Junior Firefighter with the Iq allow do not hold the Iqaluit Fire Depar	, has my permission to aluit Fire Department. I give my consent to to be a Junior Firefighter and tment and First Responders or the City of a caused by my son/daughter that is not
Parent Signature:	Date:
Junior Firefighter - Contract of Un	nderstanding
Guidelines and understand the guidelines and understand to of the Iqaluit Firefighters. I understand to of the Iqaluit Firefighters to learn me to become a full member at the school. I understand that Junior Fiften members of the IFD and that in the manner of a professional. I courteous and respectful of other citizens as I am representing the I is a "zero tolerance" policy regard	read ALL of the Junior Firefighter idelines set up to outline the purpose of the hat Junior Firefighters serve as supporters the basics of Firefighting and to prepare e age of 18 and/or after graduating high irefighters are to follow all instructions the general standard of conduct is to act understand that I am expected to be members (Junior and Regular) and to all qaluit Fire Department. I understand there ling drug and alcohol use. I understand that standing we are declaring that any
Junior Firefighter Signature	Date



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Acknowledge Receipt of Guidelines

I acknowledge that I and my son/daughter have received a copy of the Iqaluit Fire Department Junior Firefighter Program Guidelines and have reviewed them prior to signing these documents.

Junior Firefighter	Signature	Date	
Parent/Guardian S	ignature	Date	
Internal Office Use Or	<mark>nly</mark>		
Reviewed by Supervis	sing Chief		
	Approved / Not Ap	proved	
Date started:	Date T	Date Terminated:	
Cell Number:	Provider:	ID:	