



Sleepy Hollow Fire Department Junior Corps Application

Applicant Information

Name _____ Date of Birth _____

Mobile Number _____ Email Address _____

Address _____

Do you have your parent(s) permission to apply to be a Junior Firefighter? Yes _____ No _____

Parent/Guardian Name _____ Mobile Number _____

Parent/Guardian Address _____

Parent/Guardian Email Address _____

Emergency Contacts

Name _____ Mobile Number _____

Name _____ Mobile Number _____

Medical Information

Known Medical Conditions, if you don't feel comfortable sharing please leave blank, if none please write none

Known Allergies _____

Do you take any medication? Yes _____ No _____

If yes, please list the medication and associated condition, if you don't feel comfortable sharing please leave blank: _____

Background Information

Have you ever been arrested, ticketed or fined? Yes _____ No _____

If Yes, please list the date(s) and details of the charge(s): _____

Additional Information (Use a separate sheet of paper if more space is needed)

What interests you most about becoming involved with the Sleepy Hollow Fire Department?

Please list other activities, in detail, that you are involved in (Sports, Volunteering, Work, Church, etc)

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Sleepy Hollow Fire Department Use

Fire Chief Approval _____ Date _____



Sleepy Hollow Fire Department Junior Corps Parental Consent



My son/daughter, _____, has my permission to be a Junior Firefighter with the Sleepy Hollow Fire Department. I give my consent to allow _____ to be a Junior Firefighter and do not hold the Sleepy Hollow Fire Department and other Fire Responders or the Village of Sleepy Hollow responsible for any actions caused by my son/daughter that is not under the direction of an Officer.

Junior Firefighter Signature and Date

Parent/Guardian Signature and Date

Contract of Understanding

My son/daughter and I have read all the Junior Firefighter Guidelines and we understand that the guidelines set up to outline the purpose of the Junior Firefighters. My son/daughter and I understand that Junior Firefighters serve as supporters of the Sleepy Hollow Fire Department to learn the basics of Firefighting and to prepare to become a full member at the age of 17. My son/daughter and I understand that Junior Firefighters are to follow all instructions from members of the Sleepy Hollow Fire Department and that the general standard of conduct is to act in the manner of a professional. My son/daughter and I understand that he/she is expected to be courteous and respectful of other members (Junior and Regular), and to all citizens, as they are representing the Sleepy Hollow Fire Department. My son/daughter and I understand there is a "zero tolerance" policy regarding drug and alcohol use. My son/daughter and I understand that by signing this Contract of Understanding we are declaring that any violation of the guidelines is grounds for immediate dismissal. My son/daughter and I understand that any acts that violate the guidelines or that are illegal by state law will be referred to the Sleepy Hollow Police Department.

Junior Firefighter Signature and Date

Parent/Guardian Signature and Date

Acknowledge Receipt of Guidelines

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

Junior Firefighter Signature and Date

Parent/Guardian Signature and Date

Equipment Received

I agree that the equipment assigned to me will remain in my possession and is the property of the Sleepy Hollow Fire Department. Any/all equipment must be returned to the Sleepy Hollow Fire Department upon request of the Chief or if I choose to leave the Junior Corp. Any equipment lost or intentionally damaged by me will be replaced at my own expense.

Junior Firefighter Signature and Date

Parent/Guardian Signature and Date

I acknowledge that the above received a copy of the Sleepy Hollow Fire Department Junior Corps Guidelines.

Fire Chief Signature and Date