



Junior Firefighter Program Participant Application

This form is to be retained in the fire department. Do NOT submit this form to the Kentucky Fire Commission.

Section I

Name: _____

Phone Number: _____

Address: _____

Birthdate: _____

Email Address: _____

Were you a previous member of another Junior FF Program Yes No?

If "Yes" to the above question, what was your Firefighter Number? _____

Section II

Parent/Guardian Name: _____

Phone Number: _____

Address: _____

Emergency Contacts:

Name: _____

Phone Number: _____

Relation: _____

Name: _____

Phone Number: _____

Relation: _____

Section III

The following medical information is requested for use in the event that the junior firefighter (JRFF) requires medical care as a result of their performance of JRFF duties and constitutes the minimum information necessary to ensure that the JRFF can be properly treated in the event of illness or injury. Privacy rights pursuant to HIPAA are provided as an attachment to this application, and by signing this application, it is hereby acknowledged 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:

Doctor: _____

Doctor's Phone Number: _____

Medical Conditions: _____

Allergies: _____

Medications: _____

Junior Firefighter Applicant Signature Date

Parent/Guardian Signature Date

Fire Chief Signature Date