



**MINERAL SPRINGS VOLUNTEER FIRE & RESCUE
DEPARTMENT, INC**

JUNIOR FIREFIGHTER PROGRAM - APPLICATION FOR MEMBERSHIP

Name: _____

Last

First

Middle

Address: _____

Birthdate: ____ / ____ / ____ Age: _____ Sex: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Other: _____

Email Address: _____

Parent's/Legal Guardian's Name: 1: _____

2: _____

Social Security Number: ____ - ____ - ____ Drivers License Number: _____ State: ____

Employer's Name, Address and Phone: _____

Name of School: _____ Grade: ____ Grade Average: ____

Have you ever been convicted of any traffic offense(s)? ____ If yes, please list offense(s) give approximate date(s), and explain the circumstances: _____

Current medical conditions: _____

Please provide two personal references:

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Convenient time to contact: _____

Convenient time to contact: _____

Printed Name of Proposed Member: _____

Signature of Proposed Member: _____

Printed name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____



**MINERAL SPRINGS VOLUNTEER FIRE & RESCUE
DEPARTMENT, INC
JUNIOR FIREFIGHTER PROGRAM
EVALUATION ACKNOWLEDGEMENT**

Junior Firefighter Probationary Requirements, Explanation, and Acknowledgement.

Having successfully completed the selections process, you are now a Probationary Junior Firefighter. The following items listed below are an explanation of probationary requirements and expectations. By initialing each requirement, you are acknowledging your understanding of each requirement. These items will be reviewed with you during your orientation meeting conducted by one of the Administrators.

INITIALS

REQUIREMENTS

- _____ I have been given the Junior Firefighter Rules and Regulations and I am responsible for reading and understanding its contents.
- _____ To maintain organizational harmony and exercise personal discipline, I will conduct myself in accordance with the rules and regulations of the Fire Department at all times.
- _____ It is my responsibility to follow all oral and written directions given to me by the Department, its Officers, and Administrators.
- _____ I will strive to successfully complete and comply with all course rules and requirements in order to obtain the necessary skills and knowledge needed to serve in the Fire and Emergency Medical Services provide to this community.
- _____ During my probationary period, my performance will be regularly evaluated each month until my probationary period is completed.

Junior Firefighter Probationary Requirements, Explanation, and Acknowledgement.

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_____ As a probationary Junior Firefighter, I will perform all duties to which I am assigned to the best of my ability.

_____ I am responsible to read and respond promptly to all posted information regarding training, events, meetings, Standard Operating Guidelines, rules and regulations and their contents as they apply.

_____ Due to the emergency nature of the Fire Department activity, I shall do my share to maintain preparedness by becoming knowledgeable in the care, use and maintenance of the facilities, apparatus, equipment, and items of personal issue for which I am responsible.

_____ I will attend all scheduled regular and special training sessions during my probationary period unless specifically excused by the proper authority.

_____ To experience the variety of activities in which the department is involved, I will attend and participate in special events such as public fire safety education, programs, parades, open house, and any other special events.

_____ I will assume responsibilities for my own actions and performance in everything I do. I will always strive to exceed the minimum requirements for the Fire Department.

If an aspect of you orientation and introduction is not clear to you, now is the time to ask the Program Director specific questions concerning those areas in which your information is not complete.

I, _____ have read and understand the Junior Firefighter Probationary Requirements.

Required Signatures

Member

_____/_____/_____

Date

Program Administrator

_____/_____/_____

Date



**MINERAL SPRINGS VOLUNTEER FIRE & RESCUE
DEPARTMENT, INC
JUNIOR FIREFIGHTER PROGRAM
PARENTAL/LEGAL GUARDIAN RELEASE FORM**

This document must be signed by the Applicant and his/her Parent/Legal Guardian and returned to the Mineral Springs Fire and Rescue Department before membership will be allowed and before any equipment will be issued.

I, _____ hereby acknowledge that I and my child, _____ have read and understand the "Rules and Regulations" for the Mineral Springs Fire and Rescue Department Junior Firefighter Program. I will allow my child to participate in any and all adult supervised activities within the department. I understand that my child will have insurance coverage including Workers Compensation while participating as a Junior Firefighter. Furthermore, I understand that by signing this form I, the Parent/Guardian, will be responsible for any and all issued equipment that is lost, stolen, or damaged due to neglect, abuse, or misuse.

Signature of Applicant

_____/_____/_____
Date

Signature of Parent/Legal Guardian

_____/_____/_____
Date



**MINERAL SPRINGS VOLUNTEER FIRE & RESCUE
DEPARTMENT, INC
JUNIOR FIREFIGHTER PROGRAM
PARENTAL/LEGAL GUARDIAN RELEASE
FORM TO RIDE APPARATUS**

I, _____ hereby give my permission for my child,
_____ to ride the apparatus of Mineral Springs Volunteer
Fire and Rescue Department, Inc. while responding on calls both emergency traffic and non
emergency traffic.

I am signing this document with the understanding of the risks involved while riding on an Emergency
Vehicle.

This document must be signed by the proposed Junior Member and his/her parent/legal guardian and
returned to the Mineral Springs Volunteer Fire and Rescue Department before the Junior Firefighter
will be allowed to ride any emergency vehicle.

Signature of Junior Firefighter

_____/_____/_____
Date

Signature of Parent/Legal Guardian

_____/_____/_____
Date



**MINERAL SPRINGS VOLUNTEER FIRE & RESCUE
DEPARTMENT, INC
JUNIOR FIREFIGHTER PROGRAM
PERMISSION FORM**

To Whom It May Concern:

The Mineral Springs Volunteer Fire and Rescue Department, Inc. operates a Junior Firefighter Program for the purpose of training young people between the ages of 14 to 18 years of age in the sciences of Fire Suppression, Rescue, and Emergency Medical Services. The individual listed below is applying for membership in our Junior Program at this time and needs your support in his/her program. A portion of this training is provided by South Piedmont Community College and requires the permission of the high school principal for this person to participate. Parent/Legal Guardian consent is also required. All Junior Members must maintain a "C" average to stay active in this program. Your assistance in this matter is greatly appreciated.

Sincerely,

Junior Firefighter Administrator

JUNIOR FIREFIGHTER ADMINISTRATOR

I hereby certify that _____ is applying for membership in the Mineral Springs Junior Firefighter Program.

Signed: _____

Date: ____/____/____

HIGH SCHOOL PRINCIPAL

I hereby give my permission for the above named student to enroll in the Mineral Springs Junior Firefighter Program for the purpose of Fire, Rescue, and Emergency Medical Training.

Signed: _____

Date: ____/____/____

Name of School _____

Telephone number: _____



**MINERAL SPRINGS VOLUNTEER FIRE & RESCUE
DEPARTMENT, INC
JUNIOR FIREFIGHTER PROGRAM
RULES AND REGULATIONS**

PURPOSE: To promote an interest in the Fire Department and Community for young people, develop safety and fire prevention habits, and to provide fire and rescue training.

IT IS THE RESPONSIBILITY OF EACH JUNIOR MEMBER TO READ AND UNDERSTAND EACH OF THE FOLLOWING RULES AND REGULATIONS.

1. The Junior Firefighter program is open to anyone between the ages of 14 to 18 years of age.
2. Each person applying must complete an application with the appropriate signatures. In addition, each of the following forms must be complete, signed by the appropriate parties, and returned with the application:
 - a. School Permission Form
 - b. Parental/Guardian Release Forms
 - c. Release Forms to Ride Apparatus
3. All Junior Firefighters are **REQUIRED** to maintain a "C" average in school and to complete High School in order to maintain Fire Department Membership. Suspension from school will result in a suspension from the Fire Department. Expulsion from school will result in expulsion from the Fire Department. We will notify each member's school Principal of their enrollment in our Junior Firefighter Program and will keep in contact with the school concerning grades and disciplinary problems.
4. All members will conduct themselves in a professional manner while at the Fire Department as well as on calls.

**JUNIOR FIREFIGHTER PROGRAM
RULES AND REGULATIONS
PAGE 2**

5. Each Junior Firefighter will be issued the necessary equipment and is expected to take care of it at all times. This equipment is the responsibility of the Junior Firefighter and at no time is it to be loaned or used by a non-member.
6. Junior Firefighters are expected to attend all scheduled trainings and meetings. However exceptions will be made for sickness, excused school absences, work schedule, etc. A program Administrator must be notified in the event of a training or meeting that the member cannot attend.
7. No Junior Firefighter will respond on any calls until authorized by the Program Administrator and completing a 120 day probationary period. Junior Firefighters shall wear provided helmets on all calls that identify them as Junior Firefighters.
8. At no time will a Junior Firefighter use a radio unless authorized to do so by an Officer or Program Administrator.
9. At no time will a Junior Firefighter cancel (10-22) any apparatus or personnel unless authorized by and Officer or Administrator.
10. No Junior Firefighter is to respond emergency traffic (10-18) on any call in their personal vehicle and must obey all traffic laws. All moving violations received by Junior Firefighters is their responsibility and may result in disciplinary action. Junior firefighters shall not utilize warning lights in the form of strobes, deck/dash lights, LEDs, etc.
11. A Junior Firefighter may ride in the apparatus on routine and emergency traffic calls, but must be properly seated with seatbelts on. Junior firefighters shall not attempt to start or move any Department vehicles.
12. Junior Firefighters are required to report all injuries to any Officer or Administrator.
13. Overnight stays at the Fire Department are permitted ONLY when the Junior Firefighter is having a special overnight training. Each Junior Firefighter staying must have a permission slip signed by the Administrator and by their Parents/Legal Guardian for each stay, No Exceptions!
14. Upon arriving at the scene of a call, the Junior Firefighter must report to the Officer in Charge or Administrator to receive their instructions. Absolutely no freelancing allowed. Junior firefighters shall only take direction from officers or command on the scene. If you do not know who the IC is, go to the person operating the pump.

**JUNIOR FIREFIGHTER PROGRAM
RULES AND REGULATIONS
PAGE 3**

15. At no time will the use of alcohol or drugs be tolerated. If a Junior Firefighter is guilty of using such substances, that member will be permanently expelled from the Fire Department.
16. Each Junior Firefighter that responds to a call is expected to return to the station and help get all equipment and apparatus back in service for the next call.
17. All Junior Firefighters will be required to maintain a minimum of 36 hours of fire/rescue training per year.
18. No Junior Firefighter will participate in Fire Department functions during school hours.
19. Any Junior Firefighter may be dismissed at anytime by the Fire Chief or Administrator when performance does not meet the guidelines.
20. Junior Firefighters are to respond to Station 15 and/or Station 16 calls ONLY. Junior firefighters shall not respond to EMS calls. At no time is a Junior Firefighter to respond on any other fire department calls!!!

Additional prohibited activities:

1. Operating organizational vehicles.
2. Operating various types of power driven saws and shears.
3. Entering a burning structure.
4. Ascending ladders, except during training.
5. Performing operations in tunnels, shafts or trenches.
6. Participate in any operations involving paint, acid, or poisons (any HAZMAT).
7. Roof top ventilation or any work on top of a roof.
8. Entry into a hazardous atmosphere (including training).



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 www.vfis.com

BENEFICIARY DESIGNATION FORM

This form may be used for multiple Policies when designating the same beneficiary. Use a separate form when designating different beneficiaries for each Policy.

Indicate one of the following:

New Insured Beneficiary Change Name Change: From: _____

Complete all of the following information:

Policyholder Name and Policy Number(s) <i>(Emergency Service Organization Name)</i>		
<input type="checkbox"/>	Policyholder _____	Policy Number _____
<input type="checkbox"/>	Policyholder _____	Policy Number _____
<input type="checkbox"/>	Policyholder _____	Policy Number _____
<input type="checkbox"/>	Policyholder _____	Policy Number _____
<input type="checkbox"/>	Other _____	
<input type="checkbox"/>	Other _____	

Last Name: _____	First Name: _____	MI: _____
Date of Birth: _____	Date of Membership: _____	Social Security Number: / /

I hereby designate the following beneficiary(ies) to receive any death benefit proceeds payable under the policies checked above. If this form represents a change of beneficiary, the present beneficiary designation(s) are terminated and the following designation(s) made:

BENEFICIARY DESIGNATION – Primary Class	Relationship to Insured	Date of Birth	Percent <small>(Must equal 100%)</small>
<input type="checkbox"/> Mark if additional beneficiaries are listed on a separate paper and attached. (Name, address, phone number and/or email address of beneficiaries)			
BENEFICIARY DESIGNATION – Contingent Class	Relationship to Insured	Date of Birth	Percent <small>(Must equal 100%)</small>
(Name, address, phone number and/or email address of beneficiaries)			

MINOR OR ESTATE AS BENEFICIARY: If death occurs and a minor child (a person under the age of majority) or your estate is designated as beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefit can be paid. This could mean legal expenses for the beneficiary and possible delay in the payment of any death benefit. Please take this into consideration when designating your beneficiary.

Insured's Signature: _____ Date: _____

Sample wording for Beneficiary Designations

Class	Relationship to Insured	Percent
One Beneficiary of a class Jane Ann Jones	Spouse	100%
Two or more Beneficiaries of a class: Arthur Leo Jones Grace Hays Jones	Father Mother	50% 50%
Unnamed Children: Children of the Named Insured		Split Equally
Unequal distribution: Grace Hays Jones Mary Jones Ford William Roger Jones	Mother Sister Brother	50% 25% 25%
Insured's Estate	Executors or Administrators of the Insured's Estate	

This form should be retained by the Policyholder with a copy to the insured.

* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

** Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.

Beneficiary Designation for Accident & Sickness Policy

Complete this block each time this form is used—Please Print

Name of Organization _____ State _____

Member's /Employee's Name _____

Member's Date of Birth _____ Date Member Joined Organization _____

Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary (Please refer to back of form for examples)

Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %

Name _____ Relationship _____ Date of Birth _____ Share _____ %

Contingent

Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %

Name _____ Relationship _____ Date of Birth _____ Share _____ %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature _____ Date _____

This form should be retained in the files of your department or organization and reviewed and updated on a regular basis.

Specifying Beneficiaries

Individual (always show relationship to the insured)	*Primary Beneficiary	**Contingent Beneficiary	Second Contingent Beneficiary
One Beneficiary	Jane Ann Jones, wife, 100%	(leave blank)	(leave blank)
One Primary Beneficiary and one Contingent Beneficiary	Jane Ann Jones, wife, 100%	David Lee Jones, son, 100%	(leave blank)
Two primary beneficiaries and one contingent beneficiary	Arthur Leo Jones, father, 50% Grace Hays Jones, mother 50%	Marie Jones Ford, sister, 100%	(leave blank)
One Primary Beneficiary, unnamed children as first Contingent Beneficiary and two second Contingent Beneficiaries	Jane Ann Jones, wife, 100%	Children born of my marriage to Jane Ann Jones, to share equally	Arthur Leo Jones, father, 50% Grace Hays Jones, mother, 50%
Unequal distribution (always use percentages)	Grace Hays Jones, mother, 50% Mary Jones Ford, sister, 25% William Roger Jones, brother, 25%	Surviving Primary Beneficiaries share equally in the portion designated for any Beneficiary(ies) who predeceases the insured	(leave blank)
Insured's Estate	Executors, Administrators or Assigns of the Insured	(leave blank)	(leave blank)

* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

** Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.