

# FREEHOLD FIRE DEPARTMENT

## JUNIOR FIREFIGHTER PROGRAM

49 WEST MAIN STREET, FREEHOLD, NEW  
JERSEY 07728  
(732) 462-0104



Dear applicant,

Thank you for your interest in the Freehold Fire Department's Junior Firefighter Program. Included in this packet you find all the necessary information which needs to be completed as part of the application process. It consists of:

1. General Information Form
2. Medical / Emergency Contact Form
3. Physical
4. Teacher Recommendation Form
5. Parental Consent Forms

It is in your best interest to complete and return this application as soon as possible.

When all components are completed please email your application or place in an envelope and mail/deliver to:

**Email: [ffdjuniors@gmail.com](mailto:ffdjuniors@gmail.com)**

**Freehold Fire Department ATTN: Junior's Program**

**49 West Main Street Freehold, NJ 07728**

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ONE OF THE FOLLOWING.**

Captain Jack Zuber

(732)-822-2931

[jckzbr95@gmail.com](mailto:jckzbr95@gmail.com)

Lieutenant Kyle Potochar

(848)-231-8876

[kpotochar@gmail.com](mailto:kpotochar@gmail.com)



## APPLICANT INFORMATION

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

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

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

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

Do you have a previous police background? Yes or No

(Please circle)

Driver's License / Permit Number (If applicable):

\_\_\_\_\_

ZIP Code: \_\_\_\_\_

Gender: M F

(Please circle)

Age: \_\_\_\_\_

### APPLICANT'S HIGH SCHOOL

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

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

Grade: \_\_\_\_\_

GPA: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_



## EMPLOYMENT INFORMATION

### CURRENT EMPLOYER (IF APPLICABLE):

Employer address: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

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

How many hours do you work a week? \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

### PREVIOUS EMPLOYER (IF APPLICABLE):

Employer address: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_



## PARENTAL INFORMATION

Mother's/Guardian's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_



## OTHER INFORMATION

Do you have any disabilities / handicaps? Yes No (*Please circle*)

If Yes, please list:

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Hobbies / Sports / Interests:

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Other organizations in which you're a member of:

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### SIGNATURES

I certify that all statements on this form are true and understand that my acceptance is subject to the completion of at least a six-month period for probation.

Signature of applicant: \_\_\_\_\_

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



## EMERGENCY CONTACT AND MEDICAL INFORMATION

Applicant's Name: \_\_\_\_\_

Sex (Please Circle): M F

Date of Birth: \_\_\_\_\_

### PRIMARY EMERGENCY CONTACT

Parent's/Guardian's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

### SECONDARY EMERGENCY CONTACT

Parent's/Guardian's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_



## EMERGENCY CONTACT AND MEDICAL INFORMATION

### ALTERNATIVE EMERGENCY CONTACT

Contact's Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

### ALTERNATIVE EMERGENCY CONTACT 2

Contact's Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_



# EMERGENCY CONTACT AND MEDICAL INFORMATION

**HOSPITAL/CLINIC PREFERENCE**

Name of Practice: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

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

**INSURANCE**

Insurance Provider: \_\_\_\_\_

Policy. Number: \_\_\_\_\_

**OTHER INFORMATION**

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

Special Health Considerations that we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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## EMERGENCY CONTACT AND MEDICAL INFORMATION

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in case of an emergency.

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Parent's/Guardian's Signature

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Date



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## TEACHER RECOMMENDATION FORM

**To the Student:** This section of the Teacher Recommendation Form is for you and you alone. Please fill out the information below and give the **To the Teacher** section of the form to one of your teachers. The completion of this report is very important to us in evaluating your abilities and character. Once you receive the **Return to Student** form attach it to this application.

### APPLICANT: INFORMATION

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

Date of birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_



## TEACHER RECOMMENDATION FORM

**To the Teacher:** This student is applying to be a member of the Freehold Fire Department's Junior Firefighter Program. Please complete this recommendation form and send it to us at the program's email listed below. After completion, please give your student the **Return to Student** page certifying that your section of the form (Pages 11-15) has been completed and submitted to us.

If you have any questions, contact information is provided below. We will be glad to speak with you and explain what our program has to offer. If possible, please contact us using your cell phone so it will be easier to reach you.

### CONTACT INFORMATION

PROGRAM EMAIL:

[ffdjuniors@gmail.com](mailto:ffdjuniors@gmail.com)

Captain Jack Zuber:

(732)-822-2931

[jckzbr95@gmail.com](mailto:jckzbr95@gmail.com)

LT. Kyle Potochar:

(848)-231-8876

[kpotochar@gmail.com](mailto:kpotochar@gmail.com)



# TEACHER RECOMMENDATION FORM

**TEACHER KNOWLEDGE INFORMATION**

1. How long have you known the applicant?

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2. In what course(s) have you taught the applicant?

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3. Applicant's grade(s) in your course(s):

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4. Applicant's current high school GPA:

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5. What are the first words that come to your mind to describe the applicant?

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## TEACHER RECOMMENDATION FORM

6. How do the student's intellectual interests and motivation compare to those of others in your class?

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7. What observations can you make about the applicant's qualities as a person (i.e., peer relations, integrity, leadership potential, etc.)? Are there particular strengths and weaknesses of which we should be aware?

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8. Please use this space for anything else you'd like to add about this student:

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# TEACHER RECOMMENDATION FORM

TEACHER INFORMATION:

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

School: \_\_\_\_\_

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

School Address: \_\_\_\_\_

Signature: \_\_\_\_\_

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



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## TEACHER RECOMMENDATION FORM

RETURN TO STUDENT

By signing below, you are affirming that you have submitted pages 11 through 14 of the Freehold Fire Department's Junior Program applications to the requested inbox stated on page 11. You are also agreeing that everything that has been written on pages 12-14 are true to the best of your knowledge.

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Teacher's Signature

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Date

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Date of submission of recommendation



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## PARENTAL CONSENT

I have read the enclosed information completely and thoroughly and understand the list of duties, regulations, and restrictions that will be placed upon my son or daughter.

In addition, I understand my son/daughter will not be permitted to respond to a call after 9:30 P.M. (following the conclusion of the probationary period) or be at the firehouse between the hours of 10 P.M. and 6 A.M.

I understand what he/she will be involved in and therefore grant my permission as a parent for his/her participation into the Freehold Fire Department Junior Firefighter Program.

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Parent's signature

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Date





## PHOTO REALSE

As the parent or guardian of the applicant detailed in this application, I give permission to the Freehold Fire Department and the Freehold Fire Department Junior Firefighter Program to use any photograph or video content taken by the Freehold Fire Department or affiliated programs or agencies that the Freehold Fire Department will conduct events and or trainings with.

The Freehold Fire Department and its affiliate programs and fellow agencies may use photograph and or video content taken for the following purposes.

- Social Media
- Publications
- Recruitment

By signing this form, I acknowledge that I am aware of the Freehold Fire Department's use of any photographs and or videos used in the above uses.

As well as, allowing any agencies that the Freehold Fire Department works with to use photographs and or videos in their publications in any of the above uses.

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Parent's signature

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Date