



GLOUCESTER VOLUNTEER

Gloucester County, Va.
Established 1937

FIRE & RESCUE

Junior Squad Member Application

General Information:

Date Submitted: _____

Last Name: _____

First Name: _____

Gender: _____

Race: _____

SSN: _____

Date of Birth: _____

Age: _____

Current Grade: _____

Address

Mailing address (if different)

Phone: _____

Email: _____

Medical Information:

Dr: _____

Phone Number: _____

Medical Condition(s): _____

Medication(s) currently taking: _____

_____ Allergies: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Essay. Please write a brief essay describing why you want to be a member of the GVFRS Junior Squad program:

My child _____ has my permission to participate as a member of Gloucester Volunteer Junior Rescue Squad. I understand that as a member of the GVFRS Junior Rescue Squad my child will have to meet the following requirements:

1. Be between the ages of 16-18 years
2. Maintain a minimum of a 2.5 GPA in school
3. Attend at least 50 % of all Junior Squad functions
4. Pull a minimum of 8 hours of duty each month
5. Obtain and maintain a valid Healthcare Provider CPR certification

Parent's/Guardian's name: _____

Parent's/Guardian's Signature: _____

Date: _____

Phone number: _____

Applicants Signature: _____

Date _____

Liability Release Statement Acknowledgement

I, the undersigned, do hereby certify that I am the parent/guardian of _____ and do hereby release and by presents for my heir(s), assigns(s), executor(s), and administrator(s) the Gloucester Volunteer Fire and Rescue Squad, Inc, its heir(s), assigns(s), executors(s), administrator(s), and members from any liability, directly or indirectly , arising out of my child being transported in any agency vehicle and/or using any agency equipment for training, in consideration for the department allowing my child to be transported in any agency vehicle and/or to use any agency facility or equipment of training. I also give the members(s) of GVFRS, Inc. permission to treat or seek treatment for my child in the event of an emergency.

Parent/Guardian Signature: _____ Date: _____

Witness Printed name: _____

Witness Signature: _____ Date: _____