

**MONMOUTH COUNTY FIRE ACADEMY**  
**1027 Highway 33**  
**Freehold, NJ 07728**  
Telephone 732-683-8857

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Fire Marshal  
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**JUNIOR FIREFIGHTER REGISTRATION PACKAGE**

**ELIGIBILITY:**

- Juniors must be between sixteen (16) and eighteen (18) years of age to participate.
- Juniors must be a member of a Fire Department with proof of liability insurance.

**INSTRUCTIONS**

- This package must be completed by the Junior FF and sponsoring Department in its entirety.
- **TYPE** or **LEGIBLY PRINT** all information.
- Packages must be submitted via email as a PDF or in person. Completed applications should be emailed to [MCFMRegistration@mcfmnj.org](mailto:MCFMRegistration@mcfmnj.org).
- Packages must be submitted prior to the date of any course, i.e.: they cannot be handed in on the day of a class
- All incomplete application packages will be rejected.
- Departments must have the Junior FF's physician complete the Medical Evaluation form in this package Medical Evaluation form will not be accepted unless the form is filled out in its entirety and stamped by the doctor.

**JUNIOR FIREFIGHTER REGISTRATION PACKAGE**

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

**RECRUIT INFORMATION**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Email \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Street Address \_\_\_\_\_

City / Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**DEPARTMENT INFORMATION / CONTACT**

Fire Department Name \_\_\_\_\_ Company # \_\_\_\_\_

Fire Department Street Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Chief of Department Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Training Officer Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

**FAMILY INFORMATION / CONTACT**

Primary Emergency Contact Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Secondary Emergency Contact Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

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**ACADEMY USE ONLY**

Date Rec'd \_\_\_\_\_ Rec'd by: \_\_\_\_\_ Enrolled? \_\_\_\_\_

**JUNIOR FIREFIGHTER REGISTRATION PACKAGE**

**MEDICAL EVALUATION**

The Monmouth County Fire Academy requires all Junior Firefighters candidates to be medically evaluated prior to enrollment. This form must be completed by a Physician.

**Junior Firefighter**

\_\_\_\_\_  
First Name (print) M.I. Last Name

**Physical Expectations**

The above-named Junior Firefighter will be attending an intense physically and psychologically demanding firefighter training course for the purpose of serving as a Junior Firefighter in his or her community. Some of the activities the Junior Firefighter will participate in include but are not limited to:

- Wear approximately 50 pounds of personal protective equipment (PPE) including self-contained breathing apparatus (SCBA) while performing various physically and psychologically demanding firefighting tasks.
- Crawl on hands and knees for distances of several hundred feet while wearing full PPE and SCBA.
- Advancing and operating hose lines while wearing full PPE and SCBA.
- Climb and operate from ladders at elevations and execute transfers into and out of windows and onto and off roofs.
- Operate with hand tools that can cause severe injury to the operator.
- Conduct operations in extremes of weather for extended periods of time.

**Physician Review**

I have carefully examined the information provided above. After performing a medical evaluation and consulting with the above-named Junior Firefighter candidate, I declare the candidate medically cleared for participation in Junior Firefighter activities without limitations.

\_\_\_\_\_  
Physician first and last name (Print)

\_\_\_\_\_  
Physician Signature Exam Date

Please place office stamp / seal in this box

**JUNOR FIREFIGHTER REGISTRATION PACKAGE**

**DEPARTMENT APPROVALS /ACKNOWLEDGEMENTS**

**Junior Firefighter**

\_\_\_\_\_  
First Name (print) M.I. Last Name

**Sponsoring Agency Approval**

- The above-named Firefighter Recruit is a member in good standing with the Fire Department / Company and has been approved to attend the Junor Firefighter course.
- This registration package is complete, has been reviewed and approved for submission to the Monmouth County Fire Academy.

**Worker’s Compensation and Liability Insurance**

- I attest that the above-named Junior Firefighter is covered by Worker’s Compensation and Liability Insurance by this organization.

**Photo Documentation Checklist** (Check applicable box and attach to Registration package – need to attach only one of the following)

- Copy of School ID
- Copy of Passport ID Page

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Signature Approval of Department Chief

\_\_\_\_\_  
Chief of Department Name (Print)

\_\_\_\_\_  
Chief of Department Signature Date

**JUNIOR FIREFIGHTER REGISTRATION PACKAGE**

**PARENTAL CONSENT**

Signature below signifies that you have read and reviewed with your son/daughter, the information contained in this application and you give consent as parent or legal guardian for participation in the Junior Firefighter program at Monmouth County Fire Academy and the use of your son/daughter photo/image/video to be published on the Monmouth County Fire Academy’s social media outlets.

\_\_\_\_\_  
First and Last Name (Print)

\_\_\_\_\_  
Signature  
\_\_\_\_\_ Date  
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**JUNIOR FIREFIGHTER ACKNOWLEDGEMENT**

**Junior Firefighter Acknowledgement**

- Junior Firefighters will be responsible to follow all Academy Rules and Regulations. Recruit Firefighters shall read the Academy Rules and Regulations prior to the Orientation session. Rules and Regulations are available on the Academy website under the Firefighter 1 section. Academy Rules and Regulations will be covered during the Orientation session.
- Students shall be clean shaven at all times at the Academy as per OSHA 29 CFR 1910.134 regulations. There shall be no beards. Mustaches and goatees will be evaluated for compliance during the Orientation session. Failure to follow these guidelines during the duration of the course will result in an infraction and may result in a Junior Firefighter being sent home. In such an instance, the Junior Firefighter will be given no credit for the day.
- Junior Firefighters shall wear all cotton clothing including long pants to the Academy. No tank tops, synthetic wear of any kind, or hats shall be worn at any time.
- Junior Firefighters shall report to all classes no later than 15 minutes prior to the scheduled start of class with adequate note-taking materials.
- Junior Firefighters in violation of Academy Rules and Regulations will be issued progressive infractions which may result in termination from course.

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Signature of Junior Firefighter

I attest that I have read the above acknowledgement information and will comply with all rules and regulations of the Monmouth County Fire Academy

\_\_\_\_\_  
First and Last Name (Print)

\_\_\_\_\_  
Signature  
\_\_\_\_\_ Date

# JUNIOR FIREFIGHTER REGISTRATION PACKAGE

## PRE-COURSE ORIENTATION

\_\_\_\_\_  
First Name (print) M.I. Last Name

This Junior Firefighter has received and completed training delivered by an approved and qualified member of the Department / Company in the following areas:

- A review of the Junior Firefighter's role in your Department /Company's organizational structure.
- A review of the Department / Company Bylaws, Rules and Regulations, Guidelines and Procedures.
- Participated in a "Right to Know" station walkthrough to identify hazards.
- A review of the Junior Firefighter's duties and responsibilities as a member of the Department / Company
- The Junior Firefighter has been issued OSHA and NFPA-compliant Personal Protective Equipment for use during the course.
  - PPE includes the following:
    - SCBA, facepiece, spare cylinder, and PASS device
    - Turn-out Coat and Turn-out pants
    - Structural Firefighting Boots or other approved footwear
    - Helmet, eye protection
    - Protective Hood
    - Structural Firefighting Gloves compatible with issued Turn-out Coat

### PRE-COURSE ORIENTATION APPROVAL

By signing below, I hereby acknowledge that all of the orientation requirements have been met by the Department to the above named Junior Firefighter.

\_\_\_\_\_  
Dept. / Company Rep (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Dept. / Company Rep Signature

\_\_\_\_\_  
Date