



IF YES, PLEASE LIST THE OFFENSE(S) TO INCLUDE DATE, CITY, COUNTY, STATE OF OFFENSE, LEVEL OF OFFENSE, AND SENTENCE IMPOSED BY THE COURT. Please note that the presence of a criminal history does not automatically exclude you from employment. All applications are reviewed and determinations are made based on nature of offence, and rehabilitative measures. Be aware that given the public nature of the fire service, certain offences will automatically result in denial of your application. \_\_\_\_\_

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## PARENTAL / GUARDIAN CONSENT

I, \_\_\_\_\_ the  
parent/guardian of \_\_\_\_\_, hereby  
grant permission for my minor child to participate as a Junior Firefighter with Central Bell County Fire Rescue.  
This permission may be revoked at any time, and inasmuch, this waiver serves only from the date it is signed until I  
provide written notice to Central Bell County Fire Rescue of my intent to revoke permission of my minor child to  
participate as a Junior Firefighter.

I understand that while my child will not be placed in any environment that would be Immediately Dangerous to Life or Health, he/she may be exposed to environments and situations that may result in injury or death to the child. Training to be a firefighter is a physically demanding job requiring an individual to perform certain tasks that may result in injury or illness. While my child will not be permitted to conduct training or enter into environments prohibited by Local, State or Federal Law, inherent risks remain. **By my signature below, I acknowledge that I understand the risks to my child, and that I grant permission for him/her to participate.**

**With my permission, I hereby waive any claim of liability, injury, loss, damages or rights to sue Central Bell County Fire Rescue, Central Bell County Fire Rescue Incorporated, its officers, agents, employees, volunteers, contractors, subcontractors or any other individual or entity associated; either directly or indirectly, with the incorporation. I hereby indemnify, hold harmless and promise not to sue for any claim, loss, injury or liability arising from activities or functions attended by my minor child while serving as a Junior Firefighter with Central Bell County Fire Rescue.**

This permission may be revoked by me at any time by written notice to the Fire Chief of Central Bell County Fire Rescue, and shall expire on the eighteenth (18<sup>th</sup>) birthday of my minor child.

Name of Minor Child: \_\_\_\_\_

Birth Date of Minor Child: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Parent's Contact Phone Number: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Witnessed by (printed): \_\_\_\_\_

Signature of Witness : \_\_\_\_\_

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

DO NOT WRITE BELOW THIS LINE

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Received by : \_\_\_\_\_ Date: \_\_\_\_\_ # \_\_\_\_\_

CAPTAIN'S INTERVIEW: \_\_\_\_\_ DATE: \_\_\_\_\_

CHIEF'S INTERVIEW: \_\_\_\_\_ DATE: \_\_\_\_\_

MEETING DATES: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

T-SHIRT SIZE: \_\_\_\_\_ DATE JOINED: \_\_\_\_\_