



TOWN OF CAPE ELIZABETH FIRE-RESCUE DEPARTMENT STUDENT PROGRAM APPLICATION

Please complete all required information on the application. Failure to complete all required information or providing false information would be grounds for refusal of your application.

Please ensure that the following requirements are met and the appropriate information is supplied before mailing or returning this application:

Requirements:

- Maine State Law (Title 26) requires that all applicants **MUST** be at least 16 years of age before performing duties within the public safety field. The Cape Elizabeth Fire-Rescue Department also requires that applicants be 16 years of age prior to October 1st of the current year in order to apply for this program.

Forms to be included:

1. A completed application
2. Completed copy of the "Student Program Parental Consent Form"
3. Completed copy of the "Educational Institution Student Program Agreement"

When you have completed this application, please: you may return it in person to the **Cape Elizabeth Police Station, 325 Ocean House Road, Cape Elizabeth, ME** or mail it to:

**Chief of Department
Cape Elizabeth Fire-Rescue Department
2 Jordan Way
Cape Elizabeth, ME 04107**

Your application packet will be reviewed and you will be contacted by a member of the Department within two (2) to four (4) weeks after your application has been reviewed.

If this application is accepted, a department official will meet with the student to discuss the requirements and expectations of the program. The applicant will at that time have an opportunity to accept or decline the offer for entry into the student program.

EQUAL EMPLOYMENT OPPORTUNITY

The Cape Elizabeth Fire-Rescue Department shall employ, without discrimination as to race, religion, skin color, sex, national origin, adult age, disability, marital status, political affiliation, sexual orientation, or any other non merit factor, the best qualified persons who are available at the salary levels established for Department employment, first preference being given always to citizens of Cape Elizabeth, all factors being equal.

Town of Cape Elizabeth Fire-Rescue Department - Student Program Application

Please complete this form using blue or black ink only. Please be specific as possible and fill in all appropriate blanks. All information is and will be stored in accordance with state and federal privacy laws.

- PROGRAM:**
- () Student Firefighter Program
 - () Student Rescue Program
 - () WETeam Apprentice Program

Full Name (Last, first, middle): _____

Date of Birth: _____ **Social Security #:** _____

Driver's License State & Number: _____

Home Address: _____

Mailing Address: _____

(If different)

Home Telephone _____ **Mobile Telephone** _____

Parent / Guardian's Name: _____

Home Address: _____

(If different)

Home Telephone _____ **Mobile Telephone** _____

Does the Town of Cape Elizabeth currently employ you? _____

List any family members employed by the Town of Cape Elizabeth: _____

Personal References (please list three non-family references):

Name: _____ **Address:** _____ **Telephone:** _____

Please briefly explain why you would like to join the student program and what strengths you will bring to the program:

(Continue on back if necessary)

By signing below, I, _____ give the Cape Elizabeth Fire Department permission to contact the references I have listed above and to check into my criminal records with the Cape Elizabeth Police Department, State of Maine Bureau of Identification and the FBI, to thoroughly investigate my background.

Student

Parent / Guardian

Date

Date

Student Program Parental Consent Form

Your child, named below, is seeking membership in the Cape Elizabeth Fire Department Student Program. Since he/she is under the age of eighteen, we ask that the consent form below accompany his/her membership application.

The field of emergency services has inherent risks and dangers not commonly found in other vocations. The Cape Elizabeth Fire Department, through able leadership, specific rules and regulations, and a comprehensive and ongoing training program, has succeeded in minimizing these dangers and has an excellent safety record. The Emergency Service is also a bountiful source of education, camaraderie, and pride.

After carefully reading the attached rules and regulations of the Cape Elizabeth Fire Department Student Program, I, _____, Parent/Guardian of _____, grant him/her permission to participate as a student observer and participant in emergency response activities, training, and other Department sponsored and supervised activities.

Please specify the following by initialing next to your response:

1. My child has my permission to respond to emergency calls during established school hours, and will be responsible to make up all materials that are missed while responding to an emergency call with the Student Program (Students in Cape Elizabeth only). Please note that your child's academic standing can/will affect their participation in this program.

YES _____

NO _____

2. My child has no known medical or physical disabilities that would prevent or hinder him/her from participating in emergency response activities or training.

YES _____

NO _____

3. My child is permitted to be licensed as a Maine EMS first responder and/or Emergency Medical Technician.

YES _____

NO _____

Parent/Guardian Signature

Date

Relationship to Student

Educational Institution Student Program Agreement

Student Name: _____ **DOB:** _____

Educational Institution: _____

Address: _____

Telephone: _____

The above listed student has expressed interest in joining the Cape Elizabeth Fire Department Student Program. This program exposes the student to the emergency services that are provided by the Town of Cape Elizabeth. The Student may choose between a Fire-Rescue, Emergency Medical or Water Rescue service.

As a requirement of this program the student is required to have permission from his/her educational institution to partake in the program. The program also requires that the student achieve and maintain passing grades in all subjects that he/she is currently enrolled in.

Students that are not currently being schooled within the boundaries of Cape Elizabeth are restricted from responding to emergency calls during school hours.

If this student attends school within the Town of Cape Elizabeth please specify the following by initialing next to your response:

1. This student has school permission to respond to emergency calls during established school hours, and will be responsible to make up all materials that are missed while responding to an emergency call with the Student Program.

YES _____ **NO** _____

****This agreement is NOT valid while the student is participating in mid-term or final examinations****

After reviewing the student's academic record and the rules & regulations of the Cape Elizabeth Fire Department Student Program the student listed above has school permission to partake in the Program.

Principal Signature

Date

Principal Printed Name