



CITY OF SOUTH PORTLAND 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 South Portland 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 **South Portland Public Safety Building, 20 Anthoine Street, South Portland Maine** or mail it to:

**Chief of Department
South Portland Fire-Rescue Department
20 Anthoine Street
South Portland, ME 04106**

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 South Portland 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 South Portland, all factors being equal.

City of South Portland 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.

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 City of South Portland currently employ you? _____

List any family members employed by the City of South Portland: _____

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

Name:

Address:

Telephone:

Student Program Parental Consent Form

Your child, named below, is seeking membership in the South Portland Fire-Rescue 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 South Portland Fire-Rescue 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 South Portland Fire-Rescue 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 non school hours. Please note that your child's academic standing can/will affect their participation in this program.

YES _____

NO _____

2. My child has permission to respond to emergency calls between the hours of 10:00 pm and 7:00 am

YES _____

NO _____

3. 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 _____

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 South Portland Fire-Rescue Department Student Program. This program exposes the student to the emergency services that are provided by the City of South Portland.

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.

Please specify the following by initialing next to your response:

1. This student has school permission to respond to emergency calls during established non school hours.

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 South Portland Fire-Rescue Department Student Program the student listed above has school permission to partake in the Program.

Principal Signature

Date

Principal Printed Name