Greensburg Volunteer Fire Department

420/Junior Firefighter Application
(Ages 12–17)

October 2025 Vers.

Instructions for Applicants

Please read carefully and complete all required steps before submitting your application. Incomplete applications will be returned.

Steps to Complete Your Application

1. **Complete all pages** of this application in full.
2. **Obtain a physical examination** from your physician **after acceptance** into the company. Your doctor must provide a signed medical statement confirming you are physically fit to perform the duties of a firefighter.
3. If you are **14–17 years old**, you must obtain **working papers** from your school. These must be submitted with your completed application.
4. **Applicants ages 12–17** must include **Parent/Guardian Authorization Forms** in addition to this application.

Reference Materials:

Please review the following documents, available under the Recruitment tab at www.gbgfire.org:

- Pennsylvania Junior Emergency Service Program Compliance Manual
- GVFD 420/Junior Firefighters Rules, Regulations, Policies, and Expectations

Application Checklist

Before submitting, confirm that you have included the following:

- ☐ Completed Application
- ☐ Drug-Free Workplace Policy (signed acknowledgment)
- ☐ Working Papers (ages 14–17)
- ☐ Anti-Discrimination / Harassment Policy (signed acknowledgment)
- ☐ Physician's **Fit-for-Firefighting** Medical Statement
- ☐ Photocopy of Operator's License (if applicable)
- ☐ Parent/Guardian Authorization Form
- ☐ Waiver of Claims and Right to Sue (for 420 applicants only)

⚠**Reminder:** Applications missing any required documents will be returned.

Application Review Process

1. The completed application will be submitted to the **GVFD Board of Control**.
2. The Board of Control will review and process the application.
3. If approved, the Board of Control will notify the **President of the Fire Company**.
4. The Fire Company will act upon the application.
5. Once accepted, the applicant will be formally notified by the Company.

Applicant Information *(All fields required)*

Full Name: _____

Date of Birth (MM/DD/YYYY): _____ **Age:** _____

Social Security #: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____ **Home Phone:** _____

Email Address: _____

Driver's License #:_____**Class:** _____ **State:** _____

Emergency Contact Information

Parent/Guardian Full Name(s): _____

Relationship: _____

Phone Number(s): _____

Email Address: _____

Parent/Guardian Consent

I hereby give permission for my child to apply for membership as a Junior Firefighter with the Greensburg Volunteer Fire Department. I understand the duties and responsibilities that may be required and authorize participation in accordance with GVFD rules and regulations.

Parent/Guardian Signature: _____ Date: _____
Printed Name: _____

References *(List three references who may be contacted.)*

Reference 1

- Name: _____
- Relationship: _____
- Street Address: _____
- City: _____ State: _____ Zip: _____
- Cell Phone: _____ Home Phone: _____
- Email: _____

Reference 2

- Name: _____
- Relationship: _____
- Street Address: _____
- City: _____ State: _____ Zip: _____
- Cell Phone: _____ Home Phone: _____
- Email: _____

Reference 3

- Name: _____
- Relationship: _____
- Street Address: _____
- City: _____ State: _____ Zip: _____
- Cell Phone: _____ Home Phone: _____
- Email: _____

Fire Service History

List all previous fire departments you belonged to (if any):

Department	City, State	Dates	Supervisor	Contact #

For each fire department you left or ended your membership, please state the reason for leaving:

_____

_____

_____

Criminal History

Have you ever been convicted of a crime? (Circle one) **YES / NO** If yes, provide details for each conviction:

- State & County: _____
- Crime Convicted Of: _____
- Result/Sentence: _____

Certifications & Training

Attach **copies of all applicable certifications**, including any **State, National, or Pro-Board Fire Service Certificates** you have achieved.

• Attached: ☐ Yes ☐ No

Also attach a **photocopy of both sides of your driver's license** (if applicable).

Physical & Emotional Limitations

Do you have any **physical or emotional limitations** that would limit or prohibit you from performing the **NFPA-defined duties and functions of a structural firefighter or emergency vehicle operator?**

(Circle one) **YES / NO** If yes, please explain: _____

Terms & Conditions

I, the undersigned applicant, swear and affirm that the information provided in this application is true and correct. I consent to any inquiries, background checks, or investigations necessary to verify the accuracy of the information provided. I understand that omissions or false statements may disqualify me from membership or result in dismissal.

Applicant Name (Print): _____

Applicant Signature: _____ Date:_____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

For Department Use Only

☐ **Application Approved** ☐ **Application Not Approved**

Approved By: _____Date: _____(☐ Fire Chief ☐ BOC Representative)
Reviewed By: _____ Date:_____(☐ Fire Chief ☐ BOC Representative)

Drug-Free Workplace Policy

The Federal Drug-Free Workplace Act became effective March 18, 1989. The following policy is instituted for the purpose of bringing the policies of Greensburg Volunteer Fire Department and its Companies into compliance with that law.

The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance by the any Member/Volunteer on the premises of the City of Greensburg, the Greensburg Volunteer Fire Department and its companies or during any activity conducted, sponsored, or authorized by or on behalf of the Greensburg Volunteer Fire Department and its Companies is prohibited.

As a condition of membership, each Member/Volunteer must agree to:

1) Abide by the above statement; and
2) Notify the Board of Control and the Department Chief in writing of any criminal drug statute conviction for a violation occurring on the premises of the Greensburg Volunteer Fire Department, the City of Greensburg, or their Companies, or during a Department/Company/City sponsored activity within five (5) days after the conviction.

Any Member/Volunteer found to be in violation of this drug abuse policy, at the discretion of the Greensburg Volunteer Fire Department, may be given leave or suspended, without any privileges or benefits, and, required to enter a drug rehabilitation program at the Member's expense, or the Member/Volunteer may be terminated.

From time-to-time the Greensburg Volunteer Fire Department or its Relief Association may sponsor a workshop for the Members/Volunteers on the dangers of drug abuse. The Department's 'Infectious Control Officers' have been designated as the contact person(s) of any Member/Volunteer who needs a referral to drug counseling or rehabilitation.

Applicant's Name _____
Applicant's Signature _____
Date Signed _____

Parent/Guardian Name _____
Parent/Guardian Signature _____
Date Signed _____

GVFD Officer/Witness _____

Anti-Discrimination/Harassment Policy

PURPOSE:

The purpose of this Policy is to clearly establish that the Greensburg Volunteer Fire Department of the City of Greensburg is committed to providing a positive and family-oriented work and social environment free from harassment and/or discrimination.

POLICY:

1) Any harassment or discrimination by a member, a visitor, or a vendor, on the basis of race, religion, national origin, ancestry, disability, medical condition, marital status, pregnancy, sexual orientation, gender, or age is explicitly a violation of State and/or Federal Law; and, such conduct will not be tolerated by the Greensburg Volunteer Fire Department or its Companies. Violations shall be subject to investigation and appropriate disciplinary action, including, but not limited to, discipline or termination from membership.

2) It is the responsibility of all Greensburg Volunteer Fire Department's Administrative and Fire Operations Officers to enforce this policy.

3) Complaints shall be brought directly to the Department Chief, and his designated Administrative Officer(s).

4) It is the responsibility of each and every Fire Department Member/Volunteer/Worker to know this Policy and to follow this Policy. [See Greensburg Volunteer Fire Department SOG Section 802.]

5) Failure to advise of any observed or reported inappropriate or offensive interaction/relationship is in violation of this Policy. The Department/Company Officer (s) receiving such information shall immediately contact the President and Captain of said Company and/or the Department Chief and inform them of this incident/relationship.

6) False reports shall result in discipline.

I have read, understand, and agree to the:
Department "Anti-Discrimination/Harassment Policy"

Applicant's Name _____
Applicant's Signature _____
Date Signed _____

Parent/Guardian Name _____
Parent/Guardian Signature _____
Date Signed _____

GVFD Officer/Witness _____

420 / Junior Member Parent/Guardian Authorization Form

I_____ (parent/legal guardian) of _____, a minor who was born on _____and who has applied for 420 / Junior Membership in the Greensburg Volunteer Fire Department, Company No. _____ hereby grant our permission in accordance with the Pennsylvania Child Labor Laws for our child to join the said Department/Company as a Junior member. The said 420 / Junior Member agrees to abide by the Department's Rules, Regulations, and By-Laws, attend Department Drills and Training Activities, when possible, maintain passing (C or better) grades in school, and strive to become a competent and knowledgeable Firefighter. We (Parents/Guardians) shall acquire the Pennsylvania State Junior Firefighter Rules and Booklet to review with our child. It should be noted that many Fire Company related duties may be, or are hazardous. The Greensburg Volunteer Fire Department and its Companies strictly adhere to the child Labor Laws of the Commonwealth of Pennsylvania. There are many duties that are restricted until the applicant Member's eighteenth (18) birthday. Despite all of our efforts regarding safety, accident(s) may happen. We and the 420 / Junior Firefighter have been made fully aware of the risks and hazards. In signing below, the parent(s) or guardian(s) understand these risks.

Applicant's Name _____
Applicant's Signature _____
Date Signed _____

Parent/Guardian Name _____
Parent/Guardian Signature _____
Date Signed _____

GVFD Officer/Witness _____

*Please sign below if a 420 / Junior is under the age of 16, **IF** you permit your child: to be at the fire station past the normal hour of 7 pm up to and no later than 10 pm during school nights.*

Parent/Guardian Name _____
Parent/Guardian Signature _____
Date Signed _____

420 Program

Participation Agreement & Waiver of Claims and Right to Sue

I_____ [Participant's Parent/Guardian Name(s)] understand and agree that in exchange for my son's/daughter/s participation with the Greensburg Volunteer Fire Department (GVFD) and any of its activities, I agree to the following:

A. I hereby waive and will not pursue any claims, actions, lawsuits against the GVFD and its Relief Association, each of the GVFD six (6) Fire Companies, the City of Greensburg, and as against any or all of its Members and Officers.

B. That if in the event my child or I am injured while participating in the GVFD's training sessions, seminar(s), meeting(s), parade(s), activity(ies), Youth Firefighter station programs or demonstration(s), I cannot sue the GVFD and/or its Relief Association, each of the GVFD six (6) Fire Companies, the City of Greensburg, nor any or all of its Members and Officers. My child and I shall only be able to make claim against any medical insurance company or provider that I (as parent) may have.

C. I assume any and all liability for any injuries or damages that may occur to my child during any training sessions, seminar(s), meeting(s), parade(s), activity(ies), Youth Firefighter station programs or demonstration(s) my child participates in with the GVFD, each of the GVFD six (6) Fire Companies, its Relief Association, or the City of Greensburg.

I understand and agree that I may at any time on my son's/daughter's behalf have him/her not attend until I determine for myself whether the activities are appropriate for my child or me from a physical, emotional standpoint, and/or any other standpoint.

I hereby sign on my own and my child's behalf intending to be legally bound and agree to the terms above.

Applicant's Name _____
Applicant's Signature _____
Date Signed _____

Parent/Guardian #1 Name _____
Parent/Guardian #1 Signature_____
Date Signed _____

Parent/Guardian #2 Name _____
Parent/Guardian #2 Signature _____
Date Signed _____

GVFD Officer/Witness _____