

TO BE COMPLETED BY PARENT / GUARDIAN OF APPLICANTS UNDER THE AGE OF 18

Dear Parent or Legal Guardian:

Your son / daughter has expressed an interest in becoming a junior member in a rescue squad / fire department in Franklin County. The Franklin County Department of Public Safety requires you to take a moment to review this letter. If you have any questions or concerns, please discuss them with your son / daughter, the Captain / Chief of the organization, or the Deputy Chief of the Franklin County Department of Public Safety.

To participate in the delivery of healthcare and or fire suppression services can be a very rewarding experience. However, the responsibilities are great, and at times extremely stressful. A patient's life may rest with the actions taken by the provider. The consequences of such situations can be positive; however, they can also be a source of frustration, guilt, and emotional stress. Physical injury, physiological problems, and disability, death, are very real possibilities. EMS providers and Firefighters are at a greater risk of exposure to infectious disease, hazardous environments, and violent persons. The nature of these activities tends to place providers in dangerous situations where maturity and experience to deal with critical decisions are of the utmost importance. By signing this document, you affirm that your son / daughter has the maturity and capabilities of managing these matters.

I, (Parent/Guardian-PRINT) _____, have reviewed this application and have discussed with my son / daughter the activities and requirements associated with being an EMS provider and/or Firefighter.

Having no further questions,
I consider my son / daughter (Name-PRINT) _____
to possess the necessary maturity and capabilities to perform the duties of an EMS provider and / or Firefighter and authorize their application to:

(Name of Fire/EMS Agency)

Do not sign below until in the presence of an officer from a Franklin County Volunteer Fire/EMS Agency or designated staff

Your signature below certifies the information provided in this application is true and accurate to the best of your knowledge and is a complete record. Your signature further authorizes the Department of Public Safety to investigate the applicant's criminal and motor vehicle operation background to verify the information is correct.

Parent/Guardian Signature: _____ Date: _____

Relationship to applicant: _____

Organization witness: _____ Date: _____
(Must be Captain, Chief, President, or Lieutenant of Volunteer Fire/EMS agency or designated Franklin County staff)