



**NORTHPORT VOLUNTEER FIRE
DEPARTMENT**

SMOKEATERS

204 MAIN STREET
NORTHPORT, NY 11768
(631) 261-7504
Fax: (631) 261-7516

Dear Parent/Guardian;

Your child has expressed an interest in Northport Fire Department's Junior Firefighting Program (Smokeaters).

There is a continuous need for your and interested firefighters in all communities. Fortunately, the Northport Fire Department provides a junior firefighting program for local youth between the ages of 14 & 17. This program stresses the importance of community service, physical fitness, and teaches various firefighting techniques and first aid. In the process of doing so, they will become certified in basic and advanced first aid, experience hands-on apparatus training, and compete in fire department tournaments.

The junior firefighting program requires a dual effort from both parent and child. The parent's role is one of motivation and the child's is one of dedication and participation. We strive for a 50% participation rate. This program relies on the commitment of each and very member to attend and participate in meetings, parades, tournaments, and other activities.

We understand that it is not possible to attend all Smokeaters events because of conflicting schedules; however, every effort should be made.

Due to the types of activities involved in firefighter training and the activities that Smokeaters participate in, the participants much have a level of maturity, respect, and discipline for the tasks to avoid injury. Please be sure your child can meet these requirements. Failure to do so will be grounds for dismissal.

The Northport Fire Department Smokeaters has a ZERO TOLERANCE FOR THE FOLLOWING: drugs, alcohol, weapons of any kind—no matter how small (e.g. pocket knives are to be left at home)—bullying, anything that puts another person's safety in danger, poor public behavior, criminal activity, excessive use of profanity, disrespect for the membership, disrespect for the firehouse, disrespect for each other, or anything that shines a bad light on the Northport Fire Department. Violation will result in discipline and/or expulsion from the Smokeaters.

Communication between the advisors, officers, and the Smokeaters membership is done via email and text messaging; please provide accurate information on the application.

Upon completion of the attached application AND PRIOR to acceptance into membership, your child will need to provide the following to the department:



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- 1) A note from your child's physician, stating that your child has had a physical and is physically fit for active participation in the junior firefighting program. This is similar to school sports team endorsements, for example: "[Name] is able to participate in the Northport Fire Department Smokeaters program."
- 2) A one-time check in the amount of \$125.00 made payable to the Northport Fire Department Smokeaters.

Please note, as part of your child's participation in this program, they will be issued several department-owned items. The items are issued in new or good condition. Upon your child's completion of participation in the junior firefighting program, the items are to be returned in good condition. **Any lost or damaged items will be billed to you at replacement cost.**

We encourage your support of your child's interests. Please feel free to contact us should you have any questions.



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APPLICATION FOR MEMBERSHIP

Applicant to complete the following:

Name: _____ Age: _____ Date of Birth: _____

Address: _____ Home phone: _____

_____ School: _____ Grade: _____

Applicant's cell phone number: _____ Applicant's cell provider: _____

Applicant's email address: _____

Parent's cell phone number: _____

Parent's email address: _____

I confirm that I have completed the eighth grade, or that I am between the ages of 14 and 17 years of age. I also confirm that **I reside within the boundaries of the Northport Fire District.**

Applicant's Signature

Date

Parent/Guardian to complete the following:

I _____ (parent/guardian) give my child permission to join the Northport Fire Department Smokeaters. I have read the attached information and **I agree with the expectations and obligations.**

I understand that, due to the types of activities involved in firefighter training and the activities that Smokeaters participate in, my child must have a commensurate level of maturity, respect, and discipline for the tasks they will in which they will participate in order to avoid injury.

Parent/Guardian's Signature

Date



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Physician's Statement

Due to the types of activities involved in firefighter training and the activities the Smokeaters participate in, the participants must have a level of maturity, respect, and discipline for the tasks to avoid injury.

I have examined _____ and they were found to be in good **physical** and **mental** health. They are able to participate in all Northport Fire Department Activities.

Physician's Signature

Date