

Connecticut Fire Academy Junior Counselor Application

Please mail with attachments to: CFPC 34 Perimeter Road, Windsor Locks, CT 06096-1069 • Fax (860) 654-1889

Last Name _____

First Name _____

Home Address _____

City _____

State _____

Zip _____

Phone (Home) _____

Work or Cell _____

Fire Department/Organization _____

Email _____

Are you 16 - 20 years old? Yes No

If you are a high school graduate, are you attending college as a full time student? Yes No

Application must be received by March 21, 2014 to be considered. If selected for an interview, you will be notified by March 28, 2014.

Attachments

1. Copy of first semester grades with a GPA of no less than 3.0
2. Letter of recommendation from a teacher or guidance counselor
3. Letter of recommendation from an officer in your Fire Department.

As Chief of the _____
Fire Department or
As Supervisor of the _____
Organization

I hereby authorize the above applicant to participate in the program(s) below and, therefore, understand that the above named individual will be covered by my organization's Workers Compensation Insurance while participating in such training, and that the Commission on Fire Prevention and Control, its commissioners, officers, agents or employees shall not be held liable for any injuries sustained during such training. This applicant is considered by my department's standards to be physically and emotionally fit to perform firefighting evolutions without special considerations, and where applicable, to meet 29 CFR 1910.134 standard for the use of respirators (self contained breathing apparatus).
Chief or Supervisor Signature _____

No application will be accepted without tuition, authorized signature and proof of prerequisite if needed.

ID Number _____ - _____

Your ID Consists of the first (3) letters of your last name and Last (4) digits of your social security number.