



Junior Firefighter Program Training and Emergency Contact Information

JRFF Name: _____

Class/Subject: _____

Date: _____

Fire School: _____

Fire Department: _____

JRFF Program Coordinator: _____

JRFF Program Coordinator Signature: _____ Please Print

JRFF Program Coordinator Phone #: _____

The Fire Department Junior Firefighter (JRFF) Program Coordinator **SHALL** provide all JRFF's with a Training and Emergency Contact Information Form prior to the JRFF attending classes outside of the JRFF primary department. The information included above is required at a minimum. Fire Departments may collect more information if necessary.

Inform participating Junior Firefighters that they **must keep a copy of this form with them at all times while participating in fire department activities.** Class instructors and/or school/conference leadership may randomly request to see a copy of the form during the conduct of classes and or event. If the participant is unable to provide a copy, the instructor, other department leadership, or conference organizers shall not allow the child to continue participation until the form is produced.