



Cape Elizabeth Fire-Rescue Department

Student Program Application

Date Effective: 9/5/23

Please complete all required information on the application. Failure to complete all required information or providing false information would be grounds for refusal of your application.

Please ensure that the following requirements are met and the appropriate information is supplied before mailing or returning this application:

Requirements:

- Maine State Law (Title 26) requires that all applicants must be at least 16 years of age before performing duties within the public safety field. The Cape Elizabeth Fire-Rescue Department recommends that applicants be 16 years of age prior to October 1st of the current year.

Forms to be included:

1. A completed application.
2. Completed copy of the "Student Program Parent Consent Form."
3. Completely copy of the "Educational Institution Student Program Agreement."

When you have completed this application, you may return it in-person to the Public Safety Clerk at the Cape Elizabeth Police Department, 325 Ocean House Road, Cape Elizabeth, ME (during their regular business hours 8AM-4PM 7-days a week) OR mail it to:

Chief of Department
Cape Elizabeth Fire-Rescue Department
2 Jordan Way
Cape Elizabeth, ME 04107

Your application packet will be reviewed and you will be contacted by a member of the Department within two (2) to four (4) weeks after your application has been reviewed. If this application is accepted, a department official will meet with the student to discuss the requirements and expectations of the program. At that time, the applicant will have an opportunity to accept or decline the offer for entry into the student program.



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Equal Employment Opportunity

The Cape Elizabeth Fire-Rescue Department shall employ without discrimination as to race, religion, skin color, sex, national origin, adult age, disability, marital status, political affiliation, sexual orientation, or any other non-merit factor, the best qualified persons who are available at the salary levels established for Department employment, first preference being given always to citizens of Cape Elizabeth, all factors being equal.

Application Items

Please complete this form using blue or black ink only. Please be as specific as possible and fill in all appropriate blanks. All information is and will be stored in accordance with state and federal privacy laws.

Program: ☐ Student Fire/Rescue Program
 ☐ Student WETeam Apprentice Program

Full Name (Last, First, Middle): _____

Date of Birth: _____ Social Security #: _____

Driver's License State & Number: _____

Home Address: _____

Mailing Address (if different): _____

Home Phone #: _____ Cell Phone #: _____



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Parent/Guardian's Name: _____

Home Address: _____

Home Phone #: _____ Cell Phone #: _____

Does the Town of Cape Elizabeth currently employ you? Yes _____ No _____

List any family members employed by the Town of Cape Elizabeth: _____

Personal References (please list three non-family references). Please include the reference's name, address, relation (boss, friend, etc.), and phone number:

1. _____

2. _____

3. _____



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By signing below, I, _____ give the Cape Elizabeth Fire-Rescue Department permission to contact the references I have listed above and to check into my criminal records with the Cape Elizabeth Police Department, State of Maine Bureau of Identification and the FBI, to thoroughly investigate my background.

Student

Parent/Guardian

Date

Date



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Student Program Parental Consent Form

Your child, named below, is seeking membership in the Cape Elizabeth Fire-Rescue Department Student Program. Since the applicant is under the age of eighteen (18), we ask that the consent form below accompany their membership application. The field of emergency services has inherent risks and dangers not commonly found in other vocations. The Cape Elizabeth Fire-Rescue Department, through able leadership, specific rules and regulations, and a comprehensive and ongoing training program, has succeeded in minimizing these dangers and has an excellent safety record. The Emergency Service is also a bountiful source of education, camaraderie, and pride.

After carefully reading the attached rules and regulations of the Cape Elizabeth Fire-Rescue Department Student Program, I, _____, Parent/Guardian of _____, grant permission for them to participate as a student observer and participant in emergency response activities, training, and other Department sponsored and supervised activities.

Please specify the following by initialing next to your response:

1. My child has my permission to respond to emergency calls during established school hours, and will be responsible to make up all materials that are missed while responding to an emergency call with the Student Program (Students in Cape Elizabeth only). Please note that your child's academic standing can/will affect their participation in this program.
YES _____ NO _____
2. My child has permission to respond to emergency calls between the hours of 7:00am and 10:00pm (minors cannot work between 10:00pm and 7:00am per Maine State Labor Law).
YES _____ NO _____
3. My child has no known medical or physical disabilities that would prevent or hinder him/her from participating in emergency response activities or training.
YES _____ NO _____

Parent/Guardian Signature

Date

Relationship to Student



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Educational Institution Student Program Agreement

Student Name: _____ DOB: _____

Educational Institution: _____

Address: _____

Telephone: _____

The above listed student has expressed interest in joining the Cape Elizabeth Fire-Rescue Department Student Program. This program exposes the student to the emergency services that are provided by the Town of Cape Elizabeth. As a requirement of this program, the student must have permission from their educational institution to participate in the program. The program also requires that the student achieve and maintain a Grade Point Average (GPA) of at least 85 for the current semester to participate.

Students that are not currently being schooled within the boundaries of Cape Elizabeth are restricted from responding to emergency calls during school hours. **If this student attends school within the Town of Cape Elizabeth please specify the following by initialing next to your response:**

- This student has school permission to respond to emergency calls during established school hours, and will be responsible to make up all materials that are missed while responding to an emergency call with the Student Program (this agreement is NOT valid while the student is participating in mid-term or final examinations).

Yes _____ No _____

After reviewing the student's academic record and the rules & regulations of the Cape Elizabeth Fire-Rescue Department Student Program, the student listed above has school permission to participate in the Program.

Principal Signature

Principal Printed Name

Date



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