

FREDERICK COUNTY VOLUNTEER FIRE & RESCUE SERVICES



5370 Public Safety Place
Frederick, Maryland 21704

301-600-2281



Frederick County Fire and Rescue Services Internship Program

STUDENT APPLICATION

PART I: Student Information

(Completed by Student)

Last Name: _____ First Name: _____ DOB: _____

Address: _____ Current Grade: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Year of Graduation: _____ Current High School: _____

Current Fire Company: _____

PART II: Recommended High School Requirements

(Completed by Work-Based Learning Coordinator prior to enrollment)

Student's GPA (2.5 recommended): _____ Counselor's Initials: _____

Attendance - Previous Quarter (94% recommended): _____ Counselor's Initials: _____

PART III: Student and Parent Signatures

My signature below verifies that I have met the requirements and understand that it is my responsibility to find out about senior activities and deadlines. Further, I am aware that transportation is for these experiences in all cases shall be the responsibility of the student/parent/legal guardian. I also understand that it is my responsibility to seek the assistance Work-Based Learning Coordinator in resolving schedule conflicts which may arise due to unusual circumstances, and I give permission for the Frederick County Division of Volunteer Fire and Rescue Services to share my status and grades with the home school Work-Based Learning Coordinator and other school personnel as appropriate. I agree to maintain "active" status with my home fire company. I agree to keep Work-Based Learning Coordinator informed of any changes that occur to this approved plan Students do receive a grade that is determined by the Work Based Learning Coordinator based on evaluations, turning in required paperwork, etc.

Student Signature

Date

My signature below verifies that I approve of this plan for my child and that transportation for these experiences in all cases shall be the responsibility of the parent/legal guardian. I give permission for Frederick County Division of Volunteer Fire and Rescue Services to share my son/daughter's enrollment status with the Work-Based Learning Coordinator and other school personnel as appropriate.

Parent/Legal Guardian Signature

Date

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PART V: Final Authorization

		<u>Recommend Approval</u>	
Signature – Fire/Rescue Company Chief	Date	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Signature Work-Based Learning Coordinator	Date	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Signature of person completing schedule change	Title	Date of Schedule Change	