

# 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

Check if appropriate: ☐ IEP ☐ 504

Please note that it is the responsibility of the student to provide a copy of his/her IEP or 504 plan to the instructor.

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 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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VOLUNTEER FIRE & RESCUE SERVICES**



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**PART V: Final Authorization**

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

**Please direct your questions and your application to:**

Joyce Shry Volunteer Recruiter  
5370 Public Safety Place  
Frederick, Maryland 21704

VFRSIntern@frederickcountymd.gov;  
Phone # 301-600- 2281