



**POLICY**  
**STATE FIRE ACADEMY**

<b>SUBJECT:</b> <i>Junior Member Program</i>			
<b>EFFECTIVE DATE:</b> July 1, 2020		<b>REVIEWED DATE:</b>	
<b>REVISION DATE:</b>		<b>REVISION NUMBER:</b> 3	
<b>SECTION:</b> Training		<b>REVISION CYCLE:</b> 2 Years	
<b>DOCUMENT NUMBER:</b> TRG		4005	
<b>AUTHORIZING CHIEF:</b>	<i>Dennis Ray</i>	<b>AUTHORIZING SIGNATURE:</b>	<i>Dennis Ray</i>
<b>STATE FIRE MARSHAL:</b>	<i>J. C. S.</i>	<b>DATE:</b>	<i>6/29/2020</i>

**I. Purpose**

The South Carolina Fire Academy is providing a method to encourage, educate, and train students who are 16 and 17 years of age to become fire service career ready. Students can access this training through their local department’s sponsored Junior Member Program.

**II. Scope**

This policy applies to South Carolina Fire Academy staff, as well as fire departments with a sponsored Junior Member Program, minor student applicants and their parent/legal guardian.

Participants in the Junior Members Program are not considered employees of the State and are not considered eligible for unemployment compensation upon termination from the program; however, depending on their relationship with the sponsoring fire department, participants may be entitled to all other work benefits, including workers' compensation or its equivalent by their sponsored department.

**III. Definitions**

**Department Sponsored Junior Member Program:** The South Carolina Fire Academy recognizes the Explorer Firefighting Program, Junior Firefighting Program, and the South Carolina Career and Technology Centers (CTC) High School Program as “Junior Member Programs” in accordance with SC Code Ann. § 41-21-110.

**Explorer Firefighting Program:** A program licensed through the Boy Scouts of America by the fire department. Registered Explorer participants and advisors are insured under the insurance provided through the Boy Scouts of America Program.

**Junior Firefighting Program:** A program for youth organized and led by a fire department, operating under the SC State Firefighters’ Association Junior Member Standard, in conjunction with SC Code Ann. § 41-21-110.

CTC/High School Program: A program for students ages 16 and 17, sponsored by fire departments and taught in high schools or career/technology centers.

#### **IV. Statement of Procedure**

The South Carolina Fire Academy does not provide travel, medical, health or worker's compensation insurance.

Junior Member Program participants are not permitted to stay in the South Carolina Fire Academy dormitory on campus.

Online course registration is not permitted for Junior Member Program participants.

##### **A. Course Registration**

1. The student must complete the SCFA Course Registration Form for Participants in Junior Member Programs.
2. The parent/guardian of the student must review and sign the registration form
3. The Fire Chief of the student's fire department must then sign the registration form and submit to the SCFA Regional Coordinator
4. The SCFA will notify the student and his/her department upon course registration and confirmation.

##### **B. Course Completion Requirements**

1. The student must attend the course and meet all completion requirements

##### **C. Course Completion Certificate**

1. Upon successful course completion, the student will receive a certificate which will validate on the student's 18<sup>th</sup> birthday.

#### **V. Attachments**

- A. SCFA Course Registration Form for Participants in Junior Member Programs
- B. Course List for Junior Member Program Participants
- C. High School/Career & Technology Firefighter I and II Program Policy

#### **VI. Interpretation Contact**

- A. Deputy Superintendent
- B. Superintendent



**South Carolina Fire Academy**

**Course Registration Form for Participants in JUNIOR MEMBER PROGRAMS**

Course Code/Section Nu.	Course Title	Date	Location

**Student Information**

SCFID# \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Minor's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ SC Zip: \_\_\_\_\_ County: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Fire Department Information**

Fire Department Name: \_\_\_\_\_ FDID#: \_\_\_\_\_

*Complete only if student is an Explorer Firefighter:* BSA Post #: \_\_\_\_\_ BSA Council Name: \_\_\_\_\_

**Parent/Legal Guardian Information, Release and Authorization**

Participants of Junior Member Programs attending South Carolina Fire Academy courses must be at least 16 years of age on the date of course start. The student must read and sign this form where indicated. A parent or legal guardian must review and sign this form in the designated area. The Fire Chief of the Fire Department sponsoring the student must sign this form.

The South Carolina Fire Academy is authorizing the above applicant, who is at least 16 years of age and a registered participant of Junior Member Program, as defined by the *Junior Member Program Policy*, in his/her department, to participate in the above course. Upon successful completion, the course certificate is not valid until the student's eighteenth (18th) birthday.

Parent Initials \_\_\_\_\_ Student Initials \_\_\_\_\_

In consideration for participation in South Carolina Fire Academy training, I hereby release, indemnify, and covenant not to sue the South Carolina Fire Academy, S. C. Department of Labor, Licensing and Regulation, the State of South Carolina, their officers, agents or employees (Releasees), as well as any other students or instructors, from any liability, claims, cost and causes of action arising out of, or related to, any property damage or personal injury, including death, that may be sustained by this minor while participating in such activity, or while on the premises owned, leased or used by Releasees.

Parent Initials \_\_\_\_\_ Student Initials \_\_\_\_\_

I acknowledge the training involves physical and strenuous activities in which the minor is capable of fully participating, know of no heart disease, epilepsy, emphysema, lung disease or other physical or mental condition that would preclude the minor from full participation in this training. I understand that the nature of the tasks the minor will have to perform while involved in this training may require a high degree of physical fitness, agility, and dexterity, and that this may include rigorous exercises which requires physical fitness, strength and stamina while wearing full protective clothing and a self-contained breathing apparatus. I am fully

aware of the risks and hazards associated with fire and rescue training , including, but not limited to, burns, heat stroke, heart attack, heat exhaustion , falls, and other related injuries, and I choose to voluntarily allow this minor to participate in the activity with full knowledge that said activity may be hazardous to the minor and their property. I verify that my minor child has had a medical evaluation by a physician or other licensed health care professional within six (6) months of the course start date that meets the requirements of OSHA 1910.156 for fire brigades and 1910.134 for wearing a self-contained breathing apparatus.

Parent Initials \_\_\_\_\_ Student Initials \_\_\_\_\_

I certify the information on this registration form is correct. The student (minor) agrees to abide by the rules, policies, and regulations of the South Carolina Fire Academy. I understand that falsifying information or violating rules or procedures may result in the minor being dismissed from, or denied admission to, the course and/or loss of course credit.

Parent Initials \_\_\_\_\_ Student Initials \_\_\_\_\_

I authorize the release of any information concerning the minor's enrollment and completion of this South Carolina Fire Academy course to the minor, the parent/guardian, the fire chief or the fire department training officer.

Parent Initials \_\_\_\_\_ Student Initials \_\_\_\_\_

I hereby give permission to the staff of South Carolina Fire Academy to release records necessary for insurance purposes and, emergency care for continuity of care. I also give permission for the staff of the South Carolina Fire Academy to provide, or arrange, necessary related treatment or transportation for my minor child. In the event that the listed emergency contact persons cannot be reached in an emergency, I hereby give permission for South Carolina Fire Academy personnel to secure and administer treatment, including hospitalization for the participant named above. I further understand that I will be responsible for any medical/hospital bills.

Parent Initials \_\_\_\_\_ Student Initials \_\_\_\_\_

Any and all injuries, no matter how minor, shall be reported to the course instructor immediately, who will have the final say in selecting the treatment disposition for the participant. This may range from on-site treatment, to ambulance transportation to a local hospital emergency department or doctor's office. The South Carolina Fire Academy does not provide travel, medical, health or worker's compensation insurance.

Parent Initials \_\_\_\_\_ Student Initials \_\_\_\_\_

By registering this minor for this course, I hereby give the South Carolina Fire Academy permission to reproduce and publish his/her name and/or photographic likeness.

Parent Initials \_\_\_\_\_ Student Initials \_\_\_\_\_

I have read the above information, understand the serious nature of this training, and give permission to the South Carolina Fire Academy to allow my minor child to participate in this fire training.

Parent Initials \_\_\_\_\_ Student Initials \_\_\_\_\_

By my signature below as parent/guardian, I verify insurance coverage and accept responsibility for all related medical charges.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Parent/Legal Guardian Phone Number: \_\_\_\_\_

Signature of Minor Application: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Minor Applicant: \_\_\_\_\_

**Fire Chief Information, Release and Authorization**

I acknowledge this minor applicant is a valid member of a Junior Member Program sponsored by, or associated with, my fire department listed above.

Fire Chief Initials \_\_\_\_\_

I understand that this training is not valid until this minor is 18 years of age.

Fire Chief Initials \_\_\_\_\_

I understand the South Carolina Fire Academy does not provide travel, medical, health or worker's compensation insurance.

Fire Chief Initials \_\_\_\_\_

By my signature below as Fire Chief, I verify that this student has worker's compensation insurance coverage prior to the beginning of course.

Signature of Fire Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Fire Chief: \_\_\_\_\_

Fire Chief Phone Number: \_\_\_\_\_

**SCFA Registration Use Only**

Check #	P/O#	Received From:	Refund Amount \$
Payment Amount \$			Reason:



### Course List for Junior Member Program Participants

Students must meet all required course prerequisites prior to registration.

1136	Flammable Liquid/Gas Firefighting
1152	Fundamentals of Firefighting
1181	Wildland Firefighting
1196	CTC/High School Firefighter I
1197	CTC/High School Firefighter II
1205	POV Emergency Response
1402 or 1153 or 1156	NFPA Firefighter I
1403 or 1154	NFPA Firefighter II
1427 or 2727	Hazardous Materials Awareness
1428 or 2728	Hazardous Materials Operations
3309	Introduction to Technical Rescue
3310	Technical Rescuer
3330	Auto Extrication
4501	IFSAC Firefighter I Challenge Exam
4502	IFSAC Firefighter II Challenge Exam
8118	Positive Pressure Ventilation
8511	SC Fire Incident Reporting System

**Note:** Additional courses not listed above may be offered to Junior Member Program participants, subject to approval by the South Carolina Fire Academy Superintendent.