



PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT  
TRAINING & LEADERSHIP ACADEMY



HIGH SCHOOL FIRE SCIENCE PROGRAM

# STUDENT APPLICATION PACKET 2025-2026 SCHOOL YEAR

**Complete the following:**

- Step 1 – Complete CTE Online Application ([cte-application.pgcps.org](https://cte-application.pgcps.org))  
**Only students who have been accepted into the program and have accepted their seat may proceed with step two of the Prince George's County Fire/EMS Department's application process.**
- Step 2 – Complete this application in its entirety

**ENTIRE PACKET**  
**IS DUE ON OR BEFORE:**  
**TBD**

**Turn in completed packet to:**

**PGFD:**  
**Captain Raphael Holt**  
**240-695-8315**  
**[rfholt@co.pg.md.us](mailto:rfholt@co.pg.md.us)**

**Flowers High School:**  
**Vondell Waldron**  
**301-636-8000 ext 81066**  
**[vondell.waldron@pgcps.org](mailto:vondell.waldron@pgcps.org)**

**Gwynn Park High School**  
**Melissa Osborne**  
**301-372-0140 ext 83615**  
**[mosborne@pgcps.org](mailto:mosborne@pgcps.org)**

**\*Completion of this package does not guarantee acceptance into the Fire Science Program.**



# PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT TRAINING & LEADERSHIP ACADEMY



## HIGH SCHOOL FIRE SCIENCE PROGRAM

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Dear Parents/Guardians,

The High School Fire Science Cadet Program requires that the forms in this packet be completed in their entirety. Some forms may take longer to complete than others. It is imperative that you and your student pay close attention to the specific deadlines. We would like to assist you in making this Cadet packet easier to complete by having you assist your student in adhering to the following instructions:

1. Verify that you have ALL forms per the checklist that is included in this packet. The Initial Program Interest Form has already been completed and submitted by your student.
2. Three (3) current passport photos of your student need to be obtained and turned in.
3. ALL remaining forms must be completed and submitted by due date listed.

Please begin the application package early because time WILL SLIP AWAY from you. Be aware that some of these forms require signatures and information from specialty offices that observe certain holidays and may be closed.

4. Complete the *Maryland Work Permit Application*, ONLINE, as soon as possible, if you are under the age of 18. <https://www.dllr.state.md.us/labor/wages/empm.shtml>
  - a. The employer information for completing the Maryland Work Permit Application is as follows:
    - Company Name: Prince George's County Fire/EMS Department
    - Street Address: 6820 Webster Street, Suite 118C
    - City: Landover Hills; State: Maryland; Zip Code: 20784
    - Phone: 301-583-1887
    - Employer Representative Name: Lieutenant Raphael Holt
    - Work Duties: Fire Cadet
    - Type of Business: OTHER SERVICES except Public Administration
  - b. You **MUST** provide the minor's signature and date.
  - c. You **MUST** provide the Parent/Guardian signature and date.
5. The *Authorization for Release of Personal Information Form* (PGC Form #4564) **MUST BE NOTARIZED** by a notary.

(Over)

6. The *Petition for Leave to Inspect Records of the Juvenile Court Form* (PGC Form #4341) must be turned in to the Juvenile Court located at the Circuit Court for Prince George's County, 14735 Main Street, Upper Marlboro, Maryland, 20772. **\*\*THIS PROCESS TAKES UP TO 2 WEEKS (14 DAYS) TO BE COMPLETED.** The Juvenile Court Clerk's Office will contact you when your form is ready to be picked up. Start this process as soon as possible.
7. There are 2 forms that **MUST BE COMPLETED** by a **PHYSICIAN**.
  - a. The *Medical Clearance Form*. You **WILL** need a copy of your most recent annual physical.
  - b. The *OSHA Respirator Medical Evaluation Questionnaire* (All 4 pages)  
No immunization records are needed.
8. Complete the following with **ALL** information requested, including the student applicant's Social Security Number (see SSN # or SSAN on the forms)
  - a. *PGFD/EMS Personnel Record* (Form #673)
  - b. *PGFD/EMS Application for Membership* (Form #1475)
  - c. *Volunteer Membership Card* (Form #4005)
9. Follow the guidelines for completing the *Academic Reference Form*.
  - a. Three (3) references are **required** from a **current** and/or **former** English, Math or Science teacher.
  - b. Have each teacher sign both forms –pages 1 and 2 (reference form and evaluation grid).

**Only references from an English, Math and/or Science teacher will be accepted.** Multiple references from teachers in the same subject area will be accepted. You may

  - submit 2 Math teacher references and 1 English or Science teacher reference
  - submit 2 English teacher references and 1 Math or Science teacher reference
  - submit 2 Science teacher references and 1 English or Math teacher reference





## PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT TRAINING & LEADERSHIP ACADEMY



### HIGH SCHOOL FIRE SCIENCE PROGRAM

#### **Cadet Application Process**

Dear Future PGFD Cadet,

We thank you for your interest in the Prince George's County Public Schools (PGCPS) / Prince George's County Fire/ EMS Department (PGFD) Fire Science Program at Gwynn Park and Charles Herbert Flowers High School. The vetting process for this program is very strenuous and the requirements for acceptance take time as many entities are involved. The purpose of this correspondence is to inform you of the next steps of this process.

**Application Packet** – Once you receive the application packet, please complete the entire packet in a timely fashion. Your application will be returned if anything is missing or incomplete, which will cause a delay in your process. This delay can prevent you from obtaining a spot in the program. All applications will be processed in the order in which they are received.

**Juvenile Background Check** – The fingerprints, along with additional information submitted in your application package, will be used to conduct a background check. The background check process can range from 6-8 weeks.

**Medical Clearance** – All medical documents will be reviewed by the Prince Georges County Fire & EMS Department's Risk Management staff and Physician. Students may be required to provide additional information based on the results of his/her physical. Please be mindful that students may not be admitted into the Cadet program if there are any discrepancies.

**Fingerprinting** – After submitting your completed packet, you will receive a notification directly from Prince George's County Fire & EMS Department in regards to scheduling the date and time for the fingerprinting appointment. There is no fee for this service. The location for fingerprinting will be 6820 Webster St. Landover Hill, MD 20784.

**Fire Department Official Approval** – Once cleared, Cadets will receive their Fire Department ID number and will receive a letter of acceptance.

**Gear and Uniform Pants Fitting** – PGFD will attempt to have all future cadets fitted for Personal Protective Equipment (PPE) and uniform pants (provided by PGFD) during the school year. The fitting will take place at each school, and all prospective cadets will be notified of the date and time. This fitting does not guarantee acceptance into the program.

During the summer prior to the start of their junior year, all Cadets will be required to pick up their uniform pants and belt from Prince George's County Fire & EMS Department Logistics and Supply located at 7600 Jefferson Ave., Landover, MD 20785. The hours of operation are 8:00am – 12:00pm and 1:00pm – 3:00pm, Monday – Friday. You will receive a notification when your items are available for pick up. DO NOT go to Logistics until you have been informed to go by a member of the Cadet Program staff.

For any additional concerns or questions, please send inquiry to: Lt. Raphael Holt - RFHolt@co.pg.md.us



PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT  
TRAINING & LEADERSHIP ACADEMY



HIGH SCHOOL FIRE SCIENCE PROGRAM

APPLICATION CHECKLIST  
ALL ITEMS DUE BY FRIDAY, MAY 9, 2025

<u>DATE</u>	<u>INITIALS</u>	<u>ITEM TO BE COMPLETED AND RETURNED</u>
_____	_____	Initial Program Interest Form
_____	_____	Three (3) Current Photos (Passport Size)
_____	_____	Printed State of Maryland Work Permit (Online)
_____	_____	Three (3) Academic Teacher References
_____	_____	<i>Authorization for Release of Personal Information</i> PGC Form 4564 <b><u>**MUST BE NOTARIZED**</u></b>
_____	_____	<i>Petition for Leave to Inspect Record of the Juvenile Court</i> (PGC Form #4341 Petition Form) <b><u>**MUST BE SIGNED BY PRINCE GEORGE'S COUNTY COURT JUDGE AND CLERK**</u></b>
_____	_____	<i>High School Fire Science Cadet Program Medical Clearance Form</i> <b><u>** MUST BE COMPLETED BY STUDENT, PARENT AND PHYSICIAN**</u></b>
_____	_____	<i>OSHA Respirator Medical Evaluation Questionnaire</i> <b><u>** MUST BE COMPLETED BY STUDENT, PARENT AND PHYSICIAN**</u></b>
_____	_____	<i>Prince George's County Fire/EMS Department Personnel Record</i> (PGC Form #673VC)
_____	_____	<i>PGFD/EMS Application for Membership</i> (PGC Form # 1475)
_____	_____	<i>Volunteer Membership Card</i> (PGC Form #4005)
_____	_____	<i>Personnel Record/Risk Management Form</i> (PGC Form #673)
_____	_____	Emergency Contact/Call Back Information Supplemental Form
_____	_____	Privacy Act Statement Form
_____	_____	PGCPS Publicity Release Form
_____	_____	Career Academy Programs Parent/Student Agreement Form
_____	_____	Physical Training Agreement
_____	_____	PGFD Cadet Clothing Order Form





**PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT  
TRAINING & LEADERSHIP ACADEMY**



**SAFETY FIRST! EVERYONE GOES HOME**

**PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT  
HIGH SCHOOL FIRE SCIENCE CADET PROGRAM  
INTEREST FORM**

**PLEASE PRINT ALL REQUESTED INFORMATION**

NAME \_\_\_\_\_ DOB \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

STUDENT EMAIL ADDRESS \_\_\_\_\_

STUDENT ID# \_\_\_\_\_ CUMULATIVE GPA \_\_\_\_\_

PARENT/GUARDIAN NAME(S) \_\_\_\_\_

\_\_\_\_\_

PARENT/GUARDIAN EMAIL ADDRESS (ES) (HOME) \_\_\_\_\_

\_\_\_\_\_

PARENT/GUARDIAN EMAIL ADDRESS (ES) (WORK) \_\_\_\_\_

\_\_\_\_\_

CELL #(S) \_\_\_\_\_ WORK #(S) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# PASSPORT



*United States  
of America*



# You Must Obtain a Maryland Work Permit

Complete the Maryland Work Permit Application, **ONLINE**, as soon as possible, if you are under the age of 18.

<https://www.dllr.state.md.us/labor/wages/empm.shtml>

- a. The employer information for completing the Maryland Work Permit Application is as follows:

e Company Name: Prince George's County Fire/EMS  
Department ;

o Street Address: 6820 Webster Street, Suite 118C

o City: Landover Hills; State: Maryland; Zip Code:  
20784

Phone: 301-583-1887

e Employer Representative Name: Lieutenant Raphael Holt

eo Work Duties: Fire Cadet

e Type of Business: **OTHER SERVICES** except Public  
Administration

- b. You **MUST** provide the minor's signature and date.

- c. You **MUST** provide the Parent/Guardian signature and date.





## PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT TRAINING & LEADERSHIP ACADEMY



### HIGH SCHOOL FIRE SCIENCE PROGRAM

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#### ACADEMIC REFERENCE FORM INSTRUCTIONS

Please have each teacher complete and sign both sides (teacher information and evaluation grid) of the Academic Reference Form.

Three (3) references are **REQUIRED** from a **current** and/or **former** English, Math or Science teacher(s).

**Only references from an English, Math and/or Science teacher will be accepted.**

Multiple references from teachers in the same subject area will be accepted.

You may submit two Math teacher references and one English or Science teacher reference. You may submit two English teacher references and one Math or Science teacher reference. You may submit two Science teacher references and one English or Math teacher reference.

**FAILURE to provide a total of 3 references from an English, Math and/or Science teacher will result in your application being DISQUALIFIED.**



# PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT TRAINING & LEADERSHIP ACADEMY



## HIGH SCHOOL FIRE SCIENCE PROGRAM

### PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT ACADEMIC REFERENCE FORM

**\* References will only be accepted from MATH, SCIENCE and ENGLISH TEACHERS \***

Because of the characteristics of this program, it is in the best interest of the student to receive the most accurate ratings based upon your interactions with the student. Your input in this reference is very valuable in helping us determine the student's potential for success in the program.

Please rate the student in the given categories on the enclosed grid sheet (page 2 on back). A score of five is the best possible rating. This program is strives at not only being para-military, but also being very academic and rigorous.

Please provide your name and signature on both pages.

#### **Please Print**

Name of Recommended Student: \_\_\_\_\_

High School: \_\_\_\_\_

School Course \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_



**PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT  
ACADEMIC REFERENCE FORM**

	<b>Completely Disagree</b>	<b>Somewhat Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>
<b>Mark (X) in the following categories to rate student</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Demonstrates perseverance through academic challenges					
Classroom demeanor reflects respect for the learning environment					
Regularly participates in class discussions					
Is a positive academic role model for his/her peers					
Maturity level is appropriate for a public safety professional					
Maturity level is appropriate for working in a dangerous environment					
Follows firm directives from persons in authority					
Manages coursework with other school related demands					
Takes initiative to obtain assistance for academic success					
Consistently follows instructions upon first request					
Demonstrates strong potential for academic success in your specific subject					
Generally demonstrates good moral character and judgement					
Demonstrates a basic level of courtesy and respect for adults					
Demonstrates honesty and integrity in the academic environment					

Teacher Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

**PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT  
ACADEMIC REFERENCE FORM**

	<b>Completely Disagree</b>	<b>Somewhat Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>
<b>Mark (X) in the following categories to rate student</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Demonstrates perseverance through academic challenges					
Classroom demeanor reflects respect for the learning environment					
Regularly participates in class discussions					
Is a positive academic role model for his/her peers					
Maturity level is appropriate for a public safety professional					
Maturity level is appropriate for working in a dangerous environment					
Follows firm directives from persons in authority					
Manages coursework with other school related demands					
Takes initiative to obtain assistance for academic success					
Consistently follows instructions upon first request					
Demonstrates strong potential for academic success in your specific subject					
Generally demonstrates good moral character and judgement					
Demonstrates a basic level of courtesy and respect for adults					
Demonstrates honesty and integrity in the academic environment					

Teacher Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_



**Prince George's County Fire/EMS**  
Office of the Fire Commission

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize the release, review and full disclosure of all records, or any part thereof, concerning myself, to any duly authorized agent or contracted agency of the Prince George's County Fire/EMS Department, the Prince George's County Police Department, or the Office of Human Resources whether the said records are of public, private or confidential nature. The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation which may provide pertinent data for the Prince George's County, Maryland, Fire/EMS Department to consider in determining my eligibility for affiliation with that Department.

The purpose of this authorization is to give my consent for full and complete disclosure of the records of any:

- EDUCATIONAL INSTITUTIONS
- MEDICAL, PSYCHOLOGICAL AND PSYCHIATRIC REPORTS OF CONSULTATION, TREATMENT AND EVALUATION BY ANY HOSPITAL, CLINIC, PRIVATE PRACTITIONER AND THE U.S. VETERANS ADMINISTRATION.
- RECORDS OF COMPLAINT, ARREST, TRIAL AND/OR CONVICTIONS FOR ALLEGED OR ACTUAL VIOLATIONS OF LAW, INCLUDING CRIMINAL AND/OR TRAFFIC RECORDS, AND RECORDS OF COMPLAINT OF A CIVIL NATURE MADE BY OR AGAINST ME, WHERESOEVER LOCATED, IN WHICH I HAVE EVER BEEN A PARTY OR HAD AN INTEREST.

The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation which may provide pertinent data for the Prince George's County, Maryland Fire/EMS Department to consider in determining my eligibility for membership with that Department.

In the event my application is disapproved, not considered, or otherwise does not result in acceptance into the Prince George's County Fire & EMS Department High School Fire Science Program, the source(s) of any confidential information will not be released and/or revealed to me. Additionally, all information and documentation obtained will be and remain the sole property of Prince George's County. I agree to indemnify and hold harmless the person(s) to whom this request is presented, as well as his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees, arising out of or by reason of complying with this request.

This release form and any photocopy/scanned copy of this release form, even though the said photocopy does not contain an ORIGINAL writing of my signature, will be valid and should be honored for a period of one (1) year from the date of my signature.

Signature \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_

SSN \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
(if Applicant is under 18 years of age)

As witness, my hand and notarial seal.

(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public  
Notary Public  
My Commission expires: \_\_\_\_\_



This release form and any photocopy/scanned copy of this release form, even though the said photocopy does not contain an ORIGINAL writing of my signature, will be valid and should be honored for a period of one (1) year from the date of my signature.

Signature \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_

SSN \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
(if Applicant is under 18 years of age)

As witness, my hand and notarial seal.

(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public  
Notary Public  
My Commission expires: \_\_\_\_\_

IN THE CIRCUIT COURT FOR PRINCE GEORGE'S COUNTY, MARYLAND

IN THE MATTER OF

Case No.: \_\_\_\_\_

\_\_\_\_\_  
(Respondent)

**PETITION FOR LEAVE TO INSPECT RECORDS OF THE JUVENILE COURT**

COMES NOW the Applicant, \_\_\_\_\_, and respectfully petitions this Honorable Court for leave to inspect the records of the Juvenile Court pursuant to Maryland Rule 11-121(b), and states the following in support:

1. That the Applicant desires to enter the Fire Service in Prince George's County, Maryland, but in order to do so, he/she must obtain a juvenile record through the Circuit Court for Prince George's County, Maryland.
2. That the Applicant has a OR has no record of proceedings in this Court.
3. That the Applicant is \_\_\_\_\_ years of age.

WHEREFORE, it is respectfully requested that leave to examine and inspect such record be granted. Should such record exist in the Juvenile Court, it is respectfully requested that the aforementioned record be furnished to the Applicant, in certified form.

(Signature) \_\_\_\_\_  
(Print Name) \_\_\_\_\_, Applicant  
(Address) \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian \_\_\_\_\_  
(for applicants under 18 years of age)

**ORDER OF COURT**

Upon consideration of the foregoing Petition, it is by the Circuit Court for Prince George's County, Maryland this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, hereby

ORDERED that the Clerk of the Court review, indicate and inform the Applicant whether there is a record of proceedings in the Juvenile Court in which the Applicant was a respondent; and it is further

ORDERED that the Clerk of the Court be and is hereby authorized to release unto the Applicant a certified copy of the Applicant's record before the Juvenile Court.

\_\_\_\_\_  
Judge

I have reviewed the file of the Juvenile Court and found that there is OR is no record of proceedings in the Juvenile Court for the aforementioned Applicant.

\_\_\_\_\_  
Clerk



PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT  
TRAINING & LEADERSHIP ACADEMY



HIGH SCHOOL FIRE SCIENCE PROGRAM

HIGH SCHOOL FIRE SCIENCE CADET PROGRAM  
MEDICAL CLEARANCE FORM

**TO BE COMPLETED BY THE STUDENT, PARENT/GUARDIAN AND PHYSICIAN OR  
OTHER LICENSED HEALTH CARE PROFESSIONAL (ALL 3 MEMBERS):**

NAME OF STUDENT: \_\_\_\_\_

STUDENT'S DATE OF BIRTH: \_\_\_\_\_

FIRE SERVICE ORGANIZATION: Prince George's County Fire/EMS Department High School  
Fire Science Cadet Program

**Due to the magnitude of the physical activity involved in being a Prince George's County  
Fire/EMS Department firefighter, there are specific mandates outlined by the National Fire  
Protection Agency (NFPA) that must be met for students to participate in the High School  
Fire Science Cadet Program of Prince George's County Public Schools.**

**Please see additional information provided to the student and parent/guardian for physician  
reference in completing this form. A copy of the student's most recent annual physical may be  
needed to complete this form.**

The Prince George's County Fire/EMS Department instructs students in a wide variety of emergency service courses. Students can be required to perform strenuous and/or hazardous duties. Listed below is a general description of what those duties may include. If a student cannot perform these duties, he or she will not be allowed to participate in the course.

**DUTIES**

A student may be required to wear fire protective clothing and a self-contained breathing apparatus weighing at least 50 pounds in hazardous atmospheres, perform firefighting and rescue operations that expose him or her to extreme heat, toxic products of combustion and hazardous materials. He or she may climb ladders up to 135 feet in height. A student may achieve heart rates of 85 to 100% of his or her maximum capacity during training operations.



## **FITNESS FOR DUTY STATUS**

The physician or other licensed health care professional authorizes the following duty status for the student:

\_\_\_\_\_ **FULL DUTY:**

Duty status includes ALL elements listed in the position description above.

\_\_\_\_\_ **NO DUTY:**

Duty status if student CANNOT perform one or more element(s) listed in the position description above.

**Physician or other licensed Health Care Professional:**

PRINTED NAME

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

Date: \_\_\_\_\_ Chart #: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ SSN: \_\_\_\_\_  
Name: \_\_\_\_\_ ID # \_\_\_\_\_ Job Title: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Department: \_\_\_\_\_

### TO THE EMPLOYER

Answer to questions in Section 1, and to question 9 in section 2 of part A, do not require a medical examination. However, it does require that a Physician or Licensed Health Care Professional (PLHCP) review this questionnaire and answer any questions you may have concerning the questionnaire.

### TO THE EMPLOYEE

Can you read? (circle one) Yes No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

### TO THE PHYSICIAN OF OTHER LICENSED HEALTH CARE PROFESSIONAL (PLHCP)

Review Part A Sections 1 and 2. When an employee answers YES to any of the questions in Section 2 and the questionnaire is not administered in conjunction with a physical examination, the employee needs to be considered for a follow-up physical examination with particular emphasis on those areas in which the employee answered YES. When an employee answers YES to any of the questions in Section 2 and this questionnaire is completed in conjunction with a physical examination, the physician will place a particular emphasis upon those areas to which the employee answered YES. In either situation the PLHCP will complete the "PLHCP's Written Statement" to both the employee and the employer within 2 days.

### PART A SECTION 1 (MANDATORY)

The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Your height: \_\_\_\_\_ ft. \_\_\_\_\_ in.
2. Your weight: \_\_\_\_\_ lbs.
3. Your job title: \_\_\_\_\_
4. A phone number where you can be reached by the health care professional who will review this questionnaire (include area code): \_\_\_\_\_
5. The best time to phone you at this number is: \_\_\_\_\_ am/ \_\_\_\_\_ pm.
6. Has your employer told you how to contact the health care professional who will review this questionnaire? (circle one) Yes No
7. Check the type of respirator you will use (you can check more than one category):
  - a. \_\_\_\_\_ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
  - b. \_\_\_\_\_ Other type ( for example, half - or full-facepiece type, powered - air purifying, supplied - air, self-contained breathing apparatus).
8. Have you worn a respirator (circle one): Yes No  
If "Yes", what type(s): \_\_\_\_\_

## OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

### PART A SECTION 2 (MANDATORY)

Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator. (please circle "Yes" or "No").

1. Yes No Do you currently smoke tobacco, or have you smoked tobacco in the last month?
2. Yes No Have you ever had any of the following conditions?
- a. Seizures (fits)
  - b. Diabetes (sugar disease)
  - c. Allergic reactions that interfere with your breathing
  - d. Claustrophobia (fear of closed-in places)
  - e. Trouble smelling odors
3. Yes No Have you ever had any of the following pulmonary or lung problems?
- a. Asbestosis
  - b. Asthma
  - c. Chronic bronchitis
  - d. Emphysema
  - e. Pneumonia
  - f. Tuberculosis
  - g. Silicosis
  - h. Pneumothorax (collapsed lung)
  - i. Lung cancer
  - j. Broken ribs
  - k. Any chest injuries or surgeries
  - l. Any other lung problem that you've been told about
4. Yes No Do you currently have any of the following symptoms of pulmonary or lung disease?
- a. Shortness of breath
  - b. Shortness of breath when walking on level ground or walking up a slight hill or incline
  - c. Shortness of breath when walking with other people at an ordinary pace on level ground
  - d. Have to stop for breath when walking
  - e. Shortness of breath when washing or dressing yourself
  - f. Shortness of breath that interferes with your job
  - g. Coughing that produces phlegm (thick sputum)
  - h. Coughing that wakes you early in the morning
  - i. Coughing that mostly occurs when you are lying down
  - j. Coughing up blood in the last month
  - k. Wheezing
  - l. Wheezing that interferes with your job
  - m. Chest pain when you breathe deeply
  - n. Any other symptoms that you think may be related to lung problems



## OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

5. Have you ever had any of the following cardiovascular or heart problems?
- |     |    |  |
|-----|----|--|
| Yes | No | a. Heart attack  |
| Yes | No | b. Stroke  |
| Yes | No | c. Angina  |
| Yes | No | d. Heart failure   |
| Yes | No | e. Swelling in your legs or feet (not caused by walking) |
| Yes | No | f. Heart arrhythmia                                      |
| Yes | No | g. High blood pressure                                   |
| Yes | No | h. Any other heart problems that you've been told about  |
6. Have you ever had any of the following cardiovascular or heart symptoms?
- |     |    |  |
|-----|----|--|
| Yes | No | a. Frequent pain or tightness in your chest  |
| Yes | No | b. Pain or tightness in your chest during physical activity                            |
| Yes | No | c. Pain or tightness in your chest that interferes with your job                       |
| Yes | No | d. In the past two years, have you noticed your heart skipping or missing a beat       |
| Yes | No | e. Heartburn or indigestion that is not related to eating                              |
| Yes | No | f. Any other symptoms that you think might be related to heart or circulation problems |
7. Do you currently take medication for any of the following problems?
- |     |    |                               |
|-----|----|-------------------------------|
| Yes | No | a. Breathing or lung problems |
| Yes | No | b. Heart trouble              |
| Yes | No | c. Blood pressure             |
| Yes | No | d. Seizures (fits)            |
8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following space \_\_\_\_ and go to question 9)
- |     |    |   |
|-----|----|---|
| Yes | No | a. Eye irritation   |
| Yes | No | b. skin allergies or rashes                                       |
| Yes | No | c. Anxiety  |
| Yes | No | d. General weakness or fatigue                                    |
| Yes | No | e. Any other problem that interfere with your use of a respirator |
9. Yes No Would you like to talk to the health care professional who will review this questionnaire about your answers to this question?

Question 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Yes No Have you ever lost vision in either eye (temporarily or permanently)
11. Yes No Do you currently have any of the following vision problems?
- |     |    |                                     |
|-----|----|-------------------------------------|
| Yes | No | a. Wear contact lenses              |
| Yes | No | b. Wear glasses                     |
| Yes | No | c. Color blindness                  |
| Yes | No | d. Any other eye or vision problems |

**OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE**

12. Yes No Have you ever had an injury to your ears, including a broken ear drum?

13. Do you currently have any of the following hearing problems?

- |     |    |                                      |
|-----|----|--------------------------------------|
| Yes | No | a. Difficulty hearing                |
| Yes | No | b. Wear a hearing aide               |
| Yes | No | c. Any other hearing or ear problems |

14. Yes No Have you ever had a back injury?

15. Yes No Do you currently have any of the following musculoskeletal problems?

- |     |    |   |
|-----|----|---|
| Yes | No | a. Weakness in any of your arms, hands, legs, or feet                           |
| Yes | No | b. Back Pain  |
| Yes | No | c. Difficulty fully moving your arms and legs                                   |
| Yes | No | d. Pain or stiffness when you lean forward or backward at the waist             |
| Yes | No | e. Difficulty fully moving your head up or down                                 |
| Yes | No | f. Difficulty fully moving your head side to side                               |
| Yes | No | g. Difficulty bending at your knees   |
| Yes | No | h. Difficulty squatting to the ground   |
| Yes | No | i. Climbing a flight of stairs or a ladder carrying more than 25lbs.            |
| Yes | No | j. Any other muscle or skeletal problem that interferes with using a respirator |

**TO THE PLHCP**

Check ☒ the **ONE** that applies

- ☐ I have reviewed Part A Section 2 of this questionnaire with the employee and I do not recommend that a physical examination be performed.
- ☐ I have reviewed Part A Section 2 of this questionnaire with the employee and I am recommending that a physical examination be performed.
- ☐ I have reviewed Part A section 2 of this questionnaire without the employee and I do not recommend that a physical examination be performed.
- ☐ I have reviewed Part A Section 2 of this question without the employee and I am recommending that a physical examination be performed.

\_\_\_\_\_  
PLHCP Signature

\_\_\_\_\_  
Employee Signature  
(When Available)

\_\_\_\_\_  
Date

NEW APPLICANT: \_\_\_\_\_ TRANSFER FROM: \_\_\_\_\_ TO \_\_\_\_\_ CHANGE: \_\_\_\_\_ DISMISSAL: \_\_\_\_\_ RESIGNATION: \_\_\_\_\_  
FIRE DEPARTMENT STATUS: VOLUNTEER: \_\_\_\_\_ EMS ONLY: \_\_\_\_\_ ADMINISTRATIVE: \_\_\_\_\_ AUXILIARY: \_\_\_\_\_

## PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT PERSONNEL RECORD

PGFD ID #: \_\_\_\_\_ SSN #: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME LAST: \_\_\_\_\_ NAME MIDDLE: \_\_\_\_\_

NAME FIRST: \_\_\_\_\_ NAME MAIDEN: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CITY BORN IN: \_\_\_\_\_

SEX: MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ RACE: \_\_\_\_\_ RELIGION: \_\_\_\_\_

CHURCH MINISTER: \_\_\_\_\_ CHURCH PHONE #: \_\_\_\_\_

COLOR HAIR: \_\_\_\_\_ COLOR EYES: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ FT \_\_\_\_\_ IN WEIGHT: \_\_\_\_\_ LBS. BLOOD TYPE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ DOCTOR'S PHONE #: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATION: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

VOLUNTEER COMPANY AFFILIATION: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_

DRIVERS LICENSE STATE: \_\_\_\_\_

DRIVERS LICENSE EXPIRATION DATE: \_\_\_\_\_

### **TRANSFERS ONLY: SIGNATURE OF CHIEF/PRESIDENT FROM FORMER COMPANY**

NAME: \_\_\_\_\_ ID #: \_\_\_\_\_

#### **DISTRIBUTION:**

**WHITE:** FIRE COMMISSION

**YELLOW:** INVESTIGATOR

**PINK:** LOCAL FIRE COMPANY

PGC Form #673VC

Revised 4/201



# Application for Membership in the \_\_\_\_\_

## Fire/EMS Department of Prince George's County, Maryland

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ SSN: \_\_\_\_\_

If you have never applied to or been a member of a Volunteer Fire Department previously, enter company name, location, date of separation and reason for leaving:

Name and location of Last High School Attended: \_\_\_\_\_

Grade Completed \_\_\_\_\_

Name and Location of College/University Attended \_\_\_\_\_

Grade Completed \_\_\_\_\_

Other Relevant Training that should be included in your Fire Service File (Use additional sheet if more space is needed) \_\_\_\_\_

Is there any reason(s) why you cannot perform the essential functions required if the position(s)? \_\_\_\_\_ Be sure that a copy of the Essential Functions is given to applicant If yes, state reasons (Additional space on next page is necessary): \_\_\_\_\_

Military Service Branch: \_\_\_\_\_ Type of Discharge? \_\_\_\_\_ if discharge was other than honorable, please explain: \_\_\_\_\_

### DRIVER'S LICENSE INFORMATION

Do you have a valid Maryland Driver's License? \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ If not, what State? \_\_\_\_\_

Have you ever had your license to drive suspended or revoked? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

### BUSINESS REFERENCES

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Your Title: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

### PERSONAL REFERENCES

List three (3) references who are NOT related to you and who have knowledge of your qualification and fitness of the position of volunteer fire fighter.

Name: \_\_\_\_\_ Business/Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Name: \_\_\_\_\_ Business/Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Name: \_\_\_\_\_ Business/Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Have you ever been arrested, charged, or convicted of any crime or felony? \_\_\_\_\_ If yes, give date, place, and circumstances surrounding event. An explanation of the arrest, charges, or conviction is required (Use additional sheet if needed). \_\_\_\_\_

Have you ever filed an injury compensation form or claim? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

### FOR APPLICANTS UNDER 18 YEARS OF AGE, PARENTAL CONSENT IS REQUIRED

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_, do hereby consent to my child becoming a member of the Prince George's County Fire/EMS Department.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby affirm that the application contains no willful misrepresentation or falsification and that this information given by me is true and has been completed to the best of my knowledge and belief. I am aware that should an investigation at any time disclose my misrepresentation of falsification, this may be sufficient cause for rejection with appeal.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Three {3} recent photographs must accompany this application along with a completed P.G.C. Form# 673 (Rev. 4/2019)**

FOR OFFICE USE ONLY: Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

Signature And Title of Approving Authority: \_\_\_\_\_

Investigation Background (Date): \_\_\_\_\_ Physical Date: \_\_\_\_\_ IMD Entry (Date): \_\_\_\_\_



# PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT

## VOLUNTEER FIRE FIGHTER MEMBERSHIP CARD

PGC Form #4005

ID # (ONLY IF ISSUED): \_\_\_\_\_ COMPANY \_\_\_\_\_

Name \_\_\_\_\_ PH (H) \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_ POB \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

SSAN \_\_\_\_\_ Drivers Lic # \_\_\_\_\_

Have you ever been arrested, charged or convicted of any crime? \_\_\_\_\_

If yes, give date, place and circumstances surrounding the event. \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Leave This Area Blank**

PGFD \_\_\_\_\_ MPDC \_\_\_\_\_

SHER \_\_\_\_\_ CARD \_\_\_\_\_

COURT \_\_\_\_\_ MSP \_\_\_\_\_

MCIC \_\_\_\_\_ WAR \_\_\_\_\_

MVA \_\_\_\_\_

€Adult

€Juvenile

Police Checks: \_\_\_\_\_

Background Check: \_\_\_\_\_

Checked by: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Approved: \_\_\_\_\_

Remarks: \_\_\_\_\_



# PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT

## PERSONNEL RECORD/RISK MANAGEMENT

ID NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

NAME: LAST \_\_\_\_\_ MIDDLE \_\_\_\_\_  
FIRST \_\_\_\_\_ TITLE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APT \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME TELEPHONE \_\_\_\_\_

BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ RELIGION \_\_\_\_\_  
SEX \_\_\_\_\_ RACE \_\_\_\_\_  
HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ BLOOD TYPE \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_  
DOCTOR'S TELEPHONE \_\_\_\_\_  
MEDICAL ALLERGIES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHURCH OR MINISTER \_\_\_\_\_  
CHURCH TELEPHONE \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE HOME: \_\_\_\_\_ WORK: \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_

INITIAL CONTACT DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
ASSIGNMENT DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
RANK/TITLE \_\_\_\_\_

FIRE/EMS DEPARTMENT STATUS VOL \_\_\_\_\_ CAREER \_\_\_\_\_  
AUX \_\_\_\_\_ CIVILIAN \_\_\_\_\_  
CADET \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_  
DRIVER'S LICENSE CLASS \_\_\_\_\_  
DRIVER'S LICENSE EXPIRATION DATE \_\_\_\_\_  
DRIVER'S LICENSE RESTRICTIONS \_\_\_\_\_





# PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT

## PERSONNEL RECORD/RISK MANAGEMENT

### EMERGENCY CONTACT/CALL BACK INFORMATION SUPPLEMENTAL FORM

Use this supplemental form to provide information on additional contact persons should you become involved in a personal emergency that requires notification while on duty. This form will also be used in case of a County emergency and personnel call back is required.

EMPLOYEE'S NAME \_\_\_\_\_ ID \_\_\_\_\_  
Last First MI

#### EMPLOYEE'S CALL BACK INFORMATION

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
PAGER \_\_\_\_\_ CELL PHONE \_\_\_\_\_

#### PERSONAL EMERGENCY CONTACT INFORMATION

CONTACT NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
PAGER \_\_\_\_\_ CELL PHONE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
PAGER \_\_\_\_\_ CELL PHONE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
PAGER \_\_\_\_\_ CELL PHONE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
PAGER \_\_\_\_\_ CELL PHONE \_\_\_\_\_

## Privacy Act Statement

*This privacy act statement is located on the back of the [FD-258 fingerprint card](#).*

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicants may find procedures for obtaining a change, correction, or update of an FBI criminal history record as set forth in 28 CFR 16.34. The information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.

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VOLUNTEER APPLICANT

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DATE

As of 03/30/2018



PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS

## 2024-2025 STUDENT PUBLICITY RELEASE FORM

Throughout the school year, Prince George's County Public Schools (PGCPS) and the Prince George's County Board of Education conduct activities that may be publicized by local or national news media or used to promote the school system. Publicity activities include interviews, photographs or videos of individuals or groups of students, or student works (including, but not limited to, artistic works, athletic activities, performances and competitions) that may be used in websites, social media such as Facebook and Twitter, print or online publications, or videos.

The information shared under this publicity release may include certain directory information, which is generally not considered harmful or an invasion of privacy if released under Administrative Procedure 5134.

Please check **ONE** of the two statements below, sign, and return this document to your child's school. This Publicity Release Form will remain in effect through September 2025.

☐ I/we **GRANT PERMISSION** for my/our child's name, voice, photographic likeness and student work to be used by PGCPS staff and contractors, journalists or photographers employed by news media outlets.

☐ I/we **DO NOT GRANT PERMISSION** for my/our child's name, voice, photographic likeness and student work to be used by PGCPS staff and contractors, journalists or photographers employed by news media outlets.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
School

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

If you have any questions about publicity activities, please contact your child's school.



PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS • [www.pgcps.org](http://www.pgcps.org)

ESCUELAS PÚBLICAS DEL CONDADO DE PRINCE GEORGE

FORMULARIO DE AUTORIZACIÓN DE PUBLICIDAD PARA ESTUDIANTES 2024-2025

Durante el año escolar, las Escuelas Públicas del Condado de Prince George (PGCPS) y la Junta de Educación del Condado de Prince George llevan a cabo actividades que los medios informativos locales y nacionales podrían publicar o que se podrían usar para promover el sistema escolar. Las actividades de publicidad incluyen entrevistas, fotos y vídeos de individuos o grupos de estudiantes o trabajos estudiantiles (que incluyen pero no se limitan a obras artísticas, actividades atléticas, interpretaciones y competencias) que se podrían publicar en las páginas en internet, los medios sociales tales como Facebook y Twitter, publicaciones impresas o en internet y vídeos.

La información que se revelaría según el Formulario de Autorización de Publicidad podría incluir cierta información del directorio, lo que por lo general no se considera perjudicial o una invasión de privacidad, si se divulgan bajo el Procedimiento Administrativo 5134.

Favor de marcar **UNO** de los siguientes dos enunciados, y luego firme y devuelva este documento a la escuela de su hijo. El Formulario de Autorización de Publicidad permanecerá en vigencia hasta finales de septiembre de 2025.

☐ Yo/nosotros **AUTORIZO/AUTORIZAMOS** que el personal y contratistas de PGCPS, así como periodistas y fotógrafos que trabajan para los medios informativos, utilicen el nombre, la voz, la imagen fotográfica y el trabajo estudiantil de mi/nuestro hijo.

☐ Yo/nosotros **NO AUTORIZO/AUTORIZAMOS** que el personal y contratistas de PGCPS, así como periodistas y fotógrafos que trabajan para los medios informativos, utilicen el nombre, la voz, la imagen fotográfica y el trabajo estudiantil de mi/nuestro hijo.

\_\_\_\_\_  
Nombre del estudiante

\_\_\_\_\_  
Escuela

\_\_\_\_\_  
Firma del padre/tutor

\_\_\_\_\_  
Firma del padre/tutor

\_\_\_\_\_  
Fecha

Si tiene alguna pregunta acerca de las actividades de publicidad, favor de comunicarse con la escuela de su hijo.



ESCUELAS PÚBLICAS DEL CONDADO DE PRINCE GEORGE • [www.pgcps.org](http://www.pgcps.org)



ÉCOLES PUBLIQUES DU COMTÉ DE PRINCE GEORGE

**FORMULAIRE D'AUTORISATION DE DIFFUSION PUBLICITAIRE POUR ÉLÈVES 2024-2025**

Tout au long de l'année scolaire, les Écoles publiques du comté de Prince George (PGCPS) et la Commission de l'éducation du comté de Prince George organisent des activités qui peuvent être diffusées par les médias locaux ou nationaux ou utilisées pour promouvoir le système scolaire. Les activités publicitaires incluent les interviews, photos ou vidéos d'individus, groupes d'élèves ou des travaux d'élèves (incluant mais pas limités à des travaux artistiques, activités athlétiques, performances et compétitions), qui peuvent être utilisés sur les sites internet, médias sociaux tels que Facebook et Twitter, des imprimés, publications en ligne ou vidéos.

Les informations partagées dans le cadre de cette autorisation peuvent inclure certaines informations d'annuaire, qui ne sont généralement pas considérées comme dommageables ou une atteinte à la vie privée si elles sont divulguées en vertu de la procédure administrative 5134.

Veuillez cocher l'**UNE** des deux déclarations ci-dessous, signer et retourner ce document à l'école de votre enfant. Le présent Formulaire de diffusion publicitaire demeurera en vigueur jusqu'en septembre 2025.

- ☐ Je / nous **AUTORISE / AUTORISONS** que le nom, la voix, la photographie et le travail scolaire de mon / de notre enfant soient utilisés par le personnel et les entrepreneurs de PGCPS, les journalistes ou les photographes employés par les médias d'information
- ☐ Je / nous **N'AUTORISE / N'AUTORISONS PAS** que le nom, la voix, la photographie et le travail scolaire de mon / de notre enfant soient utilisés par le personnel et les entrepreneurs de PGCPS, les journalistes ou les photographes employés par les médias d'information

\_\_\_\_\_  
Nom de l'élève

\_\_\_\_\_  
École

\_\_\_\_\_  
Signature du parent / tuteur

\_\_\_\_\_  
Signature du parent / tuteur

\_\_\_\_\_  
Date

Si vous avez des questions sur les activités publicitaires, veuillez contacter l'école de votre enfant.



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## CAREER AND TECHNICAL EDUCATION PROGRAMS PARENT / STUDENT AGREEMENT

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### TO THE STUDENT AND PARENT/LEGAL GUARDIAN

Once accepted into a Career and Technical Education (CTE) Program, students will be expected to meet all criteria and maintain standards of achievement, attendance and citizenship. **Students whose performance and behavior do not meet these standards may be withdrawn from the program and returned to their home/boundary school.**

This *Career and Technical Education Program Parent/Student Agreement* is required in order to submit an application to the Career and Technical Education Program. It is intended to provide assurance that the student applicant, if accepted into the program, intends to make good use of the opportunity to participate in the program. The student's signature indicates his or her commitment to succeed. The parent/legal guardian's signature indicates authorization for the student to apply.

The number of students who can participate in a Career and Technical Education Program is limited by program capacity. Not all students who could benefit from the program and desire to participate will be accepted. It is important that those students who enter a program take advantage of their opportunity and not waste the position that could benefit another student.

### STUDENT AGREEMENT

While participating in a Career and Technical Education Program, I agree to meet the following standards:

1. **Achievement Standard:** I will pass all courses and maintain a minimal grade point average of 2.0 or higher.
2. **Attendance Standard:** I will attend school at least 94 percent of all scheduled school days, attend all classes when present at school, and arrive to class on time.
3. **Citizenship Standard:** I will demonstrate good school citizenship by:
  - a. Abiding by the Prince George's County Public Schools' "Students' Rights and Responsibilities Handbook"
  - b. Preparing and dressing for the Career and Technical Education Program classes in a manner appropriate for safety and professional appearance as specified by the teacher.
  - c. Following the classroom rules, routines and procedures established by the teacher
  - d. Abiding by the rules and procedures established by the Career and Technical Education Program teacher and the host high school.

---

Student Name (Print)

---

Student Signature

---

Date

### PARENT/LEGAL GUARDIAN APPROVAL

I have reviewed the application and the Career and Technical Education Program's Student Agreement with my son or daughter and hereby grant permission for his or her application. I understand that his or her assignment to a CTE Program host school and program specialization is influenced by school boundaries and lab space capacity. I understand communication with the program is essential. I commit to maintaining communication with the Fire Science Program's coordinator and instructors, including returning calls and messages, as needed for my child's success.

---

Parent/Guardian Name (Print)

---

Parent/Guardian Signature

---

Date



**PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT  
TRAINING & LEADERSHIP ACADEMY**



**HIGH SCHOOL FIRE SCIENCE PROGRAM**

**PHYSICAL TRAINING AGREEMENT**

Dear Parents and Guardians,

The job of a firefighter requires performing arduous tasks for long periods of time, in a variety of conditions. In efforts to prepare students for this experience, physical conditioning is a necessity. Therefore, students are required to participate in physical fitness training two to three days a week. The workouts may include, but are not limited to, running, stair climbing, push-ups, squats, sit-ups, equipment carrying and other physical activities. Some of these activities will require students to wear weighted vests, use kettlebells and other exercise equipment. These physical fitness exercises are designed to improve the student's overall cardiorespiratory endurance, flexibility, body composition and muscular fitness. Exercises and equipment will be assigned with students' physical abilities and conditions in mind.

Your signature below indicates your understanding of this component of the Fire Science Program, as well as, your permission for your son/daughter to participate.

Thank you,

Prince George's County Fire/EMS Department

---

Student Name (Print)

---

Student Signature

---

Parent/Guardian Name (Print)

---

Parent/Guardian Signature





PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT  
TRAINING & LEADERSHIP ACADEMY



HIGH SCHOOL FIRE SCIENCE PROGRAM

## PGFD Cadet Clothing Order Form

PLEASE PRINT

Name \_\_\_\_\_

School \_\_\_\_\_

Email School: \_\_\_\_\_ @pgcps.org

Personal: \_\_\_\_\_

Phone \_\_\_\_\_

Write the size needed next to each item. Sizes are: S, M, L, XL, or 2XL  
(Sweatpants run slightly smaller than normal; Females, include both sizes for boots)

- T-Shirt \_\_\_\_\_
- Polo Shirt \_\_\_\_\_
- Shorts \_\_\_\_\_
- Sweatshirt \_\_\_\_\_
- Sweatpants \_\_\_\_\_
- Winter Jacket \_\_\_\_\_
- Boots M \_\_\_\_\_ F \_\_\_\_\_ (Female: Both sizes)