

Attachment # 2
Junior Firefighter Program
Application

Please print using Black or Blue Ink

Section I

- Name: _____
- Phone Number: _____
- Address: _____
- Birthdate: _____
- Email Address: _____
- Do you have your parent's permission to apply to be a Junior Firefighter?
Yes [] No []

Section II

- Parent/Guardian Name: _____
- Phone Number: _____
- Address: _____
- Emergency Contacts:
 - Name: _____
 - Phone Number: _____
 - Relation: _____
 - Name: _____
 - Phone Number: _____
 - Relation: _____

Section III

Medical Information

- Doctor: _____
- Phone Number: _____
- Hospital: _____
- Phone Number: _____
- Medical Conditions: _____
- Allergies: _____
- Do you take any medication?
Yes [] No []

If yes, list the medication and what condition it is for:

Junior Firefighter Applicant Signature Date

Parent/Guardian Signature Date

Fire Chief Signature Date