



UNIACKE & DISTRICT VOLUNTEER FIRE DEPARTMENT JUNIOR FIREFIGHTER APPLICATION



PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____ CELL CARRIER (Bell, Telus, etc...): _____

SCHOOL ATTENDING: _____ CURRENT GRADE: _____

DATE OF BIRTH: _____ AGE (Must be 14 - 19 to apply): _____

EMERGENCY CONTACT INFORMATION

(1) NAME / RELATIONSHIP: _____ PHONE #: _____

(2) NAME / RELATIONSHIP: _____ PHONE #: _____

VOLUNTEER ORGANIZATIONS / OTHER: _____

HOBBIES / INTERESTS: _____

MOTIVATION: In a brief paragraph, please state why you wish to join the junior fire department, what the juniors can expect from you and what you hope to gain from the juniors.

I hereby give permission for the above applicant to join the Uniacke & District Junior Fire Department, as they are fit and capable to do their duties. I give my consent that should the above applicant become accidentally hurt, I will not hold the Uniacke & District Volunteer Fire Department, its officers, members or members of the executive responsible for the same.

SIGNATURE: _____ DATE: _____
(Parent or Guardian)

I hereby make application for membership into the Uniacke & District Junior Fire Department. If accepted, I agree to protect all properties entrusted to my care. I understand that my services are strictly voluntary.

SIGNATURE: _____ DATE: _____
(Applicant)