

Madison Park Volunteer Fire Company

3011 Cheesequake Rd. Parlin NJ 08859 Office 732-727-1143 Fax 732-316-2660

Junior Firefighter Program Application

Please fill out in Black or Blue ink. If a section does not apply please put N/A

1. Personal Information

Name: _____ Age: _____ Birth Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Social Security #: _____ Drivers License #: _____

Email Address: _____

2. Parent Information

Parent/Guardian Name: _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

3. Emergency Contacts

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

4. Medical Information

Doctor: _____ Phone Number: _____

Medical Conditions: _____

Allergies: _____

Do you take any medication? _____ (Please list the Medications and the condition it is)

5. Background Information (Use another sheet of paper if more space is needed)

(A Background check may be done; a felony will prevent anyone from becoming a member of the Fire Company)

Have you ever been arrested, ticketed, fined, etc.? If yes please list the date and charge:

What interests you the most about becoming a Junior Firefighter?

Please list any other activities (sports, school clubs, volunteer or religious activities) you are involved with: _

Applicant Signature, Printed name and Date

Parent / Guardian Signature, Printed name and Date

Please provide a copy of your Birth certificate and latest report card when returning this application

For Official use Only Below this Line

Application Received: _____ **Received by:** _____

Date Interviewed: _____ **Approved:** _____ **Denied:** _____

Fire Co. President Signature and Date: _____

Fire Chief Signature and Date: _____

Jr. Advisor Signature and Date: _____