



# Reese and Community Volunteer Fire Company Junior Firefighter Program

## Membership Application

Last Name	First Name	Middle Name
Address		
City	State	Zip Code
Telephone Number	Birth Date	
E-Mail Address:		

<b>Emergency Point of Contact Information</b>	
Parent or Guardian (Printed)	
Phone Number:	Other Phone Number:
_____	
Parent or Guardian (Printed)	
Phone Number:	Other Phone Number:
_____	
Other Emergency Contact:	
Name:	
Phone Number:	Other Phone Number:

Membership is limited to those persons, ages 10-15.

You must have a "C" average or better in school, and be able to provide a report card each quarter.

An application fee is \$20.00 and annual dues are \$5.00 a year

For more information, call 443-829-7344, and ask for the Junior Firefighter

References:

Please list anyone you know in the Reese and Community Volunteer Fire Company:

1. \_\_\_\_\_

2. \_\_\_\_\_

Tell us a little about your self. What do you want to get out of the program?

Parents:

I certify that my son/daughter \_\_\_\_\_,

\_\_\_\_\_ years of age, may join the Junior Firefighter Program of the Reese and Community Volunteer Fire Company Inc., and do hereby release, exonerate and discharge the said Reese and Community Volunteer Fire Company, Inc. and its agents, servants and employees from any and all claims and demands which I may have in the future by reason of any injury or damage to my said child for any reason whatsoever.

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Signature of Parent or Guardian

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Date

For Membership Committee Use Only:

Date Received: \_\_\_\_\_ Date Interviewed: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

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