

WEST RIDGE FIRE DEPARTMENT

Junior Firefighter Application

Name: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Email Address: _____

Date of Birth: _____

Parental / Guardian Name: _____

Street: Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____

Please list any Fire, Rescue & EMS certifications you have obtained:

Please list any medical conditions, allergies and/or medications:

Please list at least 4 references that are not related to you

Name:	Address:	Phone Number:	Relationship:
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you obtained the required working papers: (Circle One)
Yes No

Have you have a medical physical in the past 12 months: (Circle One)
Yes No

**** NOTE – The physical is required by law**

Once this application is submitted to the Junior Firefighter Division, it will be reviewed by the Junior Firefighter Division. Before you application is submitted, you and your parents will be required to meet with the Junior Firefighter Division. During this meeting, it will be explained to you the purpose of the Junior Firefighters and what is expected as a member of the Junior Firefighters. If any information submitted on this application is found to be false, it may lead to disqualification for membership into the Junior Firefighter Division.

Prospective Junior Firefighter Signature

Parent or Guardian Signature

FOR WEST RIDGE FIRE DEPARTMENT PURPOSES ONLY:

Date Application Submitted: _____

Date Application Reviewed & Accepted: _____

Junior Firefighter Advisor: _____

Date Application Reviewed & Accepted by Fire Chief: _____

Fire Chief Signature: _____

Date of Meeting between Prospective Member, Parent & WRFD: _____

Date Prospective Member Accepted as Junior Firefighter: _____