

# Green Springs Rural Vol. Fire Dept. Jr. Firefighter Program Application

1) Name \_\_\_\_\_ Phone Number \_\_\_\_\_

1a) Address \_\_\_\_\_ Birthday \_\_\_\_\_

1b) Email Address \_\_\_\_\_

2) Do you have your parent's permission to apply to be a Junior Firefighter? Yes No

3) Parent/Guardian Name \_\_\_\_\_ Phone Number \_\_\_\_\_

3a) Address \_\_\_\_\_

## Emergency Contacts

4) Name \_\_\_\_\_ Phone Number \_\_\_\_\_

4a) Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## Medical Information

5) Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

5a) Hospital \_\_\_\_\_ Phone Number \_\_\_\_\_

5b) Medical Conditions \_\_\_\_\_

5c) Allergies \_\_\_\_\_

5d) Do you take any medication? Yes No

5e) If Yes, list the medication and what condition it is for: \_\_\_\_\_

\_\_\_\_\_

## Background Information (use another sheet of paper if more space needed)

*(A background check will be done as well; a felony will prevent anyone from becoming a member of the GSRVFD)*

6) Have you ever been arrested, ticketed, fined, etc? (Felonies, Traffic Tickets, Misdemeanors, etc)  
Yes No

a) If Yes, Please list the date(s) and what the charge(s) were/was:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Additional Information (use another sheet of paper if more space needed)

7) What interests you the most about becoming involved with the Green Springs Vol. Fire Department?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8) Please list other activities, in detail, that you are involved in (Sports, Volunteer Work, Church, etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature and Date \_\_\_\_\_

Parent Signature and Date \_\_\_\_\_

GSRVFD Use:

Fire Chief Approval \_\_\_\_\_