Junior/Cadet Firefighter Application Form

Full Name:

_____

Date of Birth (MM/DD/YYYY):

_____

Address:

_____

Phone Number:

_____

Email:

_____

School:

_____

Grade:

_____

Emergency Contact Name:

_____

Emergency Contact Phone:

_____

Parent/Guardian Signature:

_____ Date: _____

Parental Consent & Medical Release Form

I, the undersigned, hereby give permission for my child to participate in the West Harrison Fire Department Junior Firefighter Program. I understand the program's guidelines and restrictions.

Child's Name:

_____

Parent/Guardian Name:

_____

Parent/Guardian Phone:

_____

Medical Conditions/Allergies:

_____

Parent/Guardian Signature:

_____ Date: _____

Code of Conduct Acknowledgment

I have read and agree to abide by the West Harrison Fire Department Junior Firefighter Program Code of Conduct. I understand that failure to follow these rules may result in suspension or dismissal from the program.

Junior Firefighter Name:

_____

Junior Firefighter Signature:

_____ Date: _____

Parent/Guardian Signature:

_____ Date: _____