



CHURCHLAND VOLUNTEER FIRE DEPARTMENT

Phone (336) 752-2123

9752 NC Hwy 150 South Linwood, NC 27299

Fax (336) 752-2969

Junior Firefighter Application

Please print using **Blue** or **Black** ink

1) Name: _____
 Phone Number: _____
 Address: _____
 Birth Date: _____ SS#: _____
 Email Address: _____
 Drivers License Number: _____

2) Parent/Guardian Name: _____
 Phone Number: _____ Cell: _____
 Address: _____

Emergency Contacts

3) Name: _____ Phone Number: _____
 Name: _____ Phone Number: _____

Medical Information

4) Doctor: _____ Phone Number: _____
 Medical Conditions: _____
 Allergies: _____
 Do you take any medications? Yes No
 If yes, List the medication and what it is for: _____

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 department)

5) Have you ever been arrested, ticketed, fined, etc? (Felonies, Traffic Tickets, Misdemeanors, etc.)
 Yes No
 If yes, please list the date(s) and what the charge(s) were/was:



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Additional information *(use another Sheet of paper if needed)*

6) What interest you the most about becoming involved with Churchland Fire Department?

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

Contract of understanding

I and my son/daughter have read ALL of the Junior Firefighter Guidelines and understand the guidelines set up to outline the purpose of the Junior Firefighters. I and my son/daughter understand that the Junior Firefighters serve as supporters of the Churchland Fire Department Firefighters to learn the basics of Firefighting and to prepare to become a full member at the age of 18. I and my son/daughter understand that Junior Firefighters are to follow all instructions from all members of the fire department and that the general standard of conduct is to act in the manner of a professional. I and my son/daughter understand that he/she is expected to be courteous and respectful of other members (Junior and Regular) and to all citizens as they are representing the Churchland Fire Department. I and my son/daughter understand there is a "zero tolerance" policy regarding drug and alcohol use. I and my son/daughter understand that by signing this contract of understanding we are declaring that any violation of the guidelines is grounds for immediate dismissal. I and my son/daughter understand that any acts that violate the guidelines and that are illegal by state law will be referred to the Davidson County Sheriff's Department.

Junior Firefighter Signature and Date: _____

Parent/Guardian Signature and Date: _____



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Acknowledge Receipt of Guidelines

I acknowledge that I and my son/daughter have received a copy of the Churchland Fire Department Junior Firefighter Program Guidelines and have reviewed them prior to signing these documents.

Junior Firefighter Signature and Date

Parent/Guardian Signature and Date

I acknowledge that the above received a copy of the Churchland Fire Department Junior Firefighter Program Guidelines.

Fire Chief Signature and Date: _____

Junior Firefighter Officer Signature and Date: _____

Last revised 7/11/09 DSC