Hampstead Volunteer Fire Company

Junior Firefighters Committee

PO Box 231

Hampstead, Maryland 21074 Station Phone: (410) 239-4280 Fax: (410) 239-0523

Dear Prospective Junior Member,

Attached you will find an application to become a Junior Firefighter member of the Hampstead Volunteer Fire Company.

Please fill out ALL parts of the application completely and neatly, and bring the completed application with you to a Junior Fire Company meeting which starts at 7 PM on the third Wednesday of each month.

If you have any questions regarding the application process or the organization itself, please do not hesitate to call the Junior Fire Company Advisor at the above number.

Thank you for your interest in the Hampstead Junior Fire Company, and we look forward to hearing from you!

Junior Fire Company Coordinator

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Hampstead Volunteer Fire Company Junior Firefighters Committee

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Application for Junior Fire Company Membership

Personal Information

Name: (Last)	(First))		(M.I.)
Current Address:				
City:				
Phone #: (Home)		(Cell)		
Child's Email Address:				
Mother's (or Guardian's) Name:_				
Father's (or Guardian's) Name:				
Parent's (or Guardian's) Email Ad	ldress:			
Emergency Contact Inf	<u>formation</u>			
First Emergency Contact Name:_				
Relationship to Child:				
Phone #: (Work)	(Home)		(Cell)	
Second Emergency Contact Nam	ie:			
Relationship to Child:				
Phone #: (Work)				
Third Emergency Contact Name:	<u> </u>			
Relationship to Child:				
Phone #: (Work)	(Home)		(Cell)	

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Medical Information

Date of Birth:			Current Age:			
Height:	_Weight:	Hair Color:	Eye Cold	or:		
Blood type (if known):					
Do you have allergies	s? □ Yes □ No	o If Yes: □ Med	ication Food	☐ Seasonal		
If Yes, please	list/describe aller	gies:				
Do you have diabete	s? □ Yes □ No	o If Yes: □ Type	· I □ Type II			
Do you have asthma	or difficulty breath	ning during activities? \Box	Yes □ No			
If Yes, Do you	u use an inhaler?[□ Yes □ No				
Do you have any phy	sical limitations or	disabilities				
which may limit parti	icipation in physica	al activities? Yes	□ No			
If Yes, please	describe:					
Do you wear □ glas	sses or	s?				
Do you take prescrip	tion medications?	□ Yes □ No				
If Yes, please	list/describe med	ications:				

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References

Are you acquainted with or related to any fire compan	y personnel? Yes No	
If yes, please list:		
Have you ever been a member of another fire compan		
If yes, pleas list fire company:		
Please list two (2) personal references not related to yo	ou:	
Name:	Name:	
Address:	Address:	
Phone:	Phone:	
Relationship:	Relationship:	
Years Known:	Years Known:	
I, the undersigned applicant, do hereby wish to become Fire Company. I promise to abide by all rules, regulation Committee of the Hampstead Volunteer Fire Company	ons, and procedures as set forth by the Junior	
Applicant Signature:	Date:	
Parent/Guardian Signature:	Date:	

Note: Please include a \$3.00 membership fee and a copy of your last report card.

Please bring the completed application with you to a Junior Fire Company meeting which starts at 7 PM on the third Wednesday of each month.

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