## **Annapolis Royal Junior Fire Department Application Form**

\*Please Print

Personal Information: (please print)
Full Name
Address (civic and mailing)
Telephone
Email
Birth Date
I, at the age of in grade , do make this application for membership in the Annapolis Royal Junior Fire Department, on this day of in the year I will always obey all orders of any senior fire department
member and I agree to follow the instructions and bylaws of Annapolis Royal Volunteer Fire Department to the best of my ability.
Signature: Date:
School Attending:
Part-time Employer:
Hobbies and Sports:
Medical Issues (Diabetes, Asthma, etc.):
Allergies (bee stings, Plans, etc./Is an EPI pen required?)
Special Conditions ARVFD should be aware of:

**References** (Individuals who know you and can vouch for you speaking directly to your skills, expertise and character. They can provide ARVFD with valuable insight highlighting your strengths and abilities and who will say positive things about you, which supports this Junior Firefighting Application.)

## **List three References**

Name:	
Title:	
Email:	
Phone Number:	
Name:	
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Title:	
Email	
Email:	
Phone Number:	
Thore Number.	
Name:	
Title:	
Email:	
Phone Number:	

## \*To be completed by parent or guardian

I consent to the Annapolis Royal Fire Department provide medical aid in the event of an emergency including 911 and hospital admittance.

After acceptance to ARJFD, the NS Health Card # will be requested.

<b>Emergency conta</b>	ct numbers:		
Name:		Relationship:	
			Cell:
Secondary Conta	ct:		
Name:		Relationship:	
Home:	Work:		Cell:
the best of my	knowledge.		
Signature:		ъ.	
		Date:	
I,(please print)		, parent a	nd/or guardian of

This information shall be kept private and confidential.