



Sharpsburg Fire Prevention Association, Inc.

P.O. Box 275

Sharpsburg, North Carolina 27878

APPLICATION FOR JUNIOR MEMBERSHIP

Name: _____ Date: _____

Address: _____

Social Security No.: _____ - _____ - _____ NC Driver's License No.: _____

E-mail Address: _____ Date of Birth _____ / _____ / _____

Telephone: (Home) _____ (Cell) _____

Parent/Guardian: (Name & Relation) _____

Telephone: (Cell) _____ (Work) _____

Address: _____

Parent/Guardian: (Name & Relation) _____

Telephone: (Cell) _____ (Work) _____

Address: _____

Emergency Contact: _____ Relationship: _____

Telephone: (Home) _____ (Work) _____

Emergency Contact: _____ Relationship: _____

Telephone: (Home) _____ (Work) _____

Medical Conditions: _____

Allergies: _____

Medications: (List medication & what condition it is for) _____

Last Tetanus immunization: _____

Employer: _____

Occupation: _____ Employers Telephone: _____

Employers Address: _____

Normal Work Hours & Days of Week: _____

Date of Acceptance: _____ / _____ / _____



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School Attending: _____

School Address: _____

Current Grade Level: _____ School Telephone: _____

List any school activities that you are involved in (Sports, Band, Clubs, etc): _____

1. List each state/county you have lived in within the past seven (7) years: _____

2. List any criminal convictions: _____

3. List any traffic convictions: _____

4. Are there special circumstances related to convictions listed in questions 2 and 3 above which you would like us to consider? (NOTE – criminal and traffic convictions will be considered on a case by case basis and do not automatically disqualify you for membership): _____

List any relevant experience or training (Fire, Rescue, Medical, etc.): _____

Please list any activities that you are involved in outside of school (Church, Volunteer, Boy Scouts, etc.): _____

Please explain in your own words the main reason for wanting to become a member of Sharpsburg Junior Fire Department: _____

Required Attachments: (Please have all of the following information and documentation at the meeting of officers)

- Copy of last report card
- Valid Driver's License



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PARENT/GUARDIAN CONSENT

(Please Wait Until Meeting to Sign)

I/We, the undersigned Parent(s)/Guardian(s) of _____ consent to his/her proposed membership in the Junior Firefighter Program sponsored by Sharpsburg Fire Prevention Association, Inc. and certify that I/we have read, understood; and will assist in enforcing the program's objectives rules and regulations.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

I hereby certify that there are no willful misrepresentations of falsifications of my statements and answers to listed questions. I am aware that, should an investigation disclose such misrepresentation or falsification, my application will be rejected.

Applicant Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date
