

*Angier & Black River  
Fire Department*



*Junior Firefighter Program*

Angier & Black River Fire Department  
309 N. Broad St  
PO Box 389  
Angier, NC 27501  
Phone: (919) 639-6234  
E-Mail: [angierfirechief@gmail.com](mailto:angierfirechief@gmail.com)  
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# Angier & Black River Fire Department, Inc.

309 N. Broad St. East  
P.O. Box 389  
Angier, NC 27501  
(919) 639-6234 Fax (919) 639-5915  
Austin F. Tew – Fire Chief



Dear Applicant,

I would like to thank you for your interest in submitting an application to participate in our Junior Firefighter Program and to serve as a volunteer with Angier & Black River Fire Department.

Attached you will find an application and the guideline relating to the Junior Member Program. It is very important that you read the rules, regulation, and expectations concerning participation within this program. Once you have read the guidelines and completed the entire application package, please return it to the Fire Chief, along with the required items.

Upon receipt of your application, the Membership Committee will review and make recommendation.

Again, thank you for your interest, and we look forward to receiving your application for review.

Sincerely,

A handwritten signature in cursive script that reads "Austin F. Tew".

Fire Chief

Angier & Black River Fire Department

Junior Firefighter Application

(Please print using blue or black ink)

**Personal Information**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Do you have your parent's permission to apply to be a Junior Firefighter? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Emergency Contacts**

1) Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

2) Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

3) Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Medical Information**

Doctors Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you take any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the medications and what condition it is for:

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**(ALL MEDICAL INFORMATION WILL BE KEPT CONFIDENTIAL)**

**Current school Info**

|                  |  |
|------------------|--|
| School Name      |  |
| Address          |  |
| Phone Number     |  |
| Principals Name  |  |
| Homeroom Teacher |  |
| Other Teachers   |  |

**Background Information**

**(A background check will be conducted; a felony charge or conviction will prevent anyone from becoming a member.)**

Have you ever been arrested, ticketed, fined, etc? (Felonies, Traffic Tickets, Parking Tickets, etc)

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Please list the date(s) and what the Charges were.

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**Additional Information**

**(Use another sheet of paper if more space is need)**

Why do you want to become a Junior Firefighter with the Angier & Black River Fire Department?

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

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**Supplemental Information to Require:**

In order to submit a complete application, the following supplemental information is required with submitting of your application:

\_\_\_ Copy of Birth Certificate

\_\_\_ Copy of your Driver's License

\_\_\_ Background Check

\_\_\_ Driving Record (over the age of 16)

\_\_\_ Social Security Card

\_\_\_ Recent School Report Card

**Authorization of Applicant**

By my signature below, I authorize that the facts set forth in my application for volunteer membership with Angier & Black River Fire Department are true and complete, to the best of my knowledge. I certify that I have provided all required supplemental information with my application. I also grant permission to contact current school teachers and principals. Further, I understand that if approved for membership, any false representations on this application will result in my immediate dismissal.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

|  |                           |
|--|---------------------------|
| <b><u>FOR DEPARTMENT USE ONLY</u></b>                      |                           |
| Received by: _____   | Date: ____ / ____ / _____ |
| Membership Review: _____                                   | Date: ____ / ____ / _____ |
| Comments:<br><br>  |                           |
| Recommended for Membership: ____ Yes ____ No               |                           |
| Fire Chief Review: _____                                   | Date: ____ / ____ / _____ |
| Date contacted Applicant to Offer / Deny Membership: _____ |                           |
| Contacted By: _____  |                           |

Angier & Black River Fire Department is an equal opportunity employer/volunteer service and offers consideration to all without regard to race, color, religion, age, military status, sex, or national origin.





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## Angier & Black River Fire Department

### Junior Fire Program – Parental Consent

#### Parental Consent

My son / daughter, \_\_\_\_\_, has my permission to be a Junior Firefighter with the Angier & Black River Fire Department. I give my consent to allow my son / daughter \_\_\_\_\_ to be a Junior Firefighter and do not hold the Angier & Black River Fire Department responsible for any actions caused by my son/daughter that is not under direction of an Officer. I/we also give permission to the Fire Chief to check on our son's/daughter's grades and attendance as needed.

\_\_\_\_\_  
Junior Firefighter Signature and Date

\_\_\_\_\_  
Parent/Guardian Signature and Date

#### Agreement of Understanding

We 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 Junior Firefighters serves as support members of the Angier & Black River Fire Department to learn the basic of firefighting and to prepare them to become a full member at the age of 18. We understand that Junior Firefighters are to follow all instructions from members of the Angier & Black River Fire Department and that the general standard of conduct is to act in the manner of a professional. We 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 Angier & Black River Fire Department. We understand there is a "ZERO TOLERANCE" policy regarding drug and alcohol use. We understand that by signing this Agreement of Understanding, We are declaring that any violation of the guidelines is grounds for immediate dismissal. We understand that any act that violate the guidelines and that are illegal by state law will referred to the appropriate law enforcement agency.

\_\_\_\_\_  
Junior Firefighter Signature and Date

\_\_\_\_\_  
Parent/Guardian Signature and Date