Scandia Volunteer Fire Department
Junior Firefighter
Application Forms

Full Name_____ Age_____

Address_____ Sex____M_____F
_____

Birth Date_____ Weight_____ Height_____

Parents Names_____

Telephone Home_____-_____ Work (_____)-_____-_____

Parental Consent

As the parents of_____, we have had the rules of a junior firefighter explained to us by an officer of the Scandia Vol. Fire Dept. We have also reviewed the survey form as completed. Our signatures indicate our support and consent for this application to be submitted to the Scandia V.F.D.

_____(Parent)

_____(Parent)

_____(Officer SVFD)

I, _____, understand the rules of becoming a junior firefighter, and commit to abide by them. I understand that I must obey all commands of the Fire Chief or his designate, and am requesting acceptance to the Scandia V.F.D. as a Junior Firefighter.

_____(Applicant)
_____(Date)

*Must receive working papers from your school.

Scandia Volunteer Fire Department
Junior Firefighter
Survey of Intent

1) What Contribution Do You Intend To Provide To The Scandia V.F.D.?

2) How will Becoming A Junior Firefighter Benefit the Community?

3) What Do You Expect To Gain By Becoming A Junior Firefighter?