

Abingdon Fire Department
Application for Membership – Junior Department

Name:

First

Middle

Last

Date of Birth: _____ SSN# _____

Current Address: _____

Phone # _____ Education: _____

Sex: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Employer: _____

Drivers License #: _____ State: _____

Have you ever been convicted of a traffic violation? _____

If yes, explain: _____

Are there any medical condition that may affect your physical or mental ability to be a junior firefighter?

In case of emergency, notify _____

Phone: _____

If no, by signing below, I acknowledge that my child is in good physical and mental condition and no special needs are necessary for supervising my child other than the normal supervision that would ordinarily take place at the Abingdon Fire Department.

- The Junior Firefighter shall reside in the locality that adopted said ordinance Evidence of residency shall be provided by the applicant.
- The Junior Firefighter shall present a letter (original, not a copy) with parental (or legal guardian) consent that permits Junior Firefighter participation in any Virginia Department of Fire Programs classes.

I hereby give my consent for my child to serve on the Abingdon Fire Department as a Junior Firefighter

Legal Guardian Signature _____

Advisors Signature _____ Date of Application _____

Chief Signature _____ Date of Application Approval _____