



CHESTER VOLUNTEER FIRE COMPANY #1

Application for Junior Firefighter Program Membership

Personal Information			
Last Name:	First:	M.I.	
Age:	Sex:	Height:	Weight:
Date of Birth:	Place of Birth:		
Social Security Number:	Drivers License Number (If applicable):		
Present Street Address:	Apartment/Suite #		
City:	State:	Zip:	
Telephone:	Business Phone:	Cell Phone:	
Occupation:	Employers Name:		
Employers Address:	Normal Work Hours		
School Name:	Grade:		
Previous rescue and medical experience?			
What is your state of health? (If you have any physical or mental disabilities please indicate)			
How long have you been a resident of Chester Borough or Chester Township?			
Have you ever been arrested or convicted of a felony? (If yes, please indicate)			

Office Use

Applicant was investigated by the following Board of Inquiry members:

Parental Consent

Dear Members,

We, the undersigned parents/guardians of _____ consent to his/her proposed membership in the Junior Firefighter Program sponsored by the Chester Volunteer Fire Company.

Parent or Guardian Name (Print please):	Signature	Relationship to Applicant:
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Parent or Guardian Name (Print please):	Signature	Relationship to Applicant:
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