

**JR FIRE FIGHTER APPLICATION**

**A. Personal Information**

Last name: First Name and Initial:

Address:

City/Town: Postal Code: Email:

Home Phone: Alternate Phone:

Emergency Health Information:

Emergency Contact: Phone:

1. At which Haldimand County Fire Station do you wish to Volunteer?

2. Which School are you presently attending? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Please list the names and phone numbers of two references that we can contact.

1. Name:

Phone Number:

Relationship:

2. Name:

Phone Number:

Relationship:

Signature of Applicant: Date:

Parent/Guardian Signature (if under the age of 18): Date:

***Thank you for considering a volunteer placement with Haldimand County Fire!***

***We look forward to getting to know you!***