

Junior Membership Application Form

Personal Information

Name: \_\_\_\_\_

Age: \_\_\_\_\_  Male  Female

D.O.B.: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employed At: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: Home: \_\_\_\_\_ Bus: \_\_\_\_\_

Cell: \_\_\_\_\_

Driver License #: \_\_\_\_\_ Class: \_\_\_\_\_

Endorsements: \_\_\_\_\_

Do you have any physical limitations or health concerns? : (ex. allergies, back problems)

Yes  No

Explain:

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



Guardian's consent:

I \_\_\_\_\_, give permission that  
\_\_\_\_\_ may join and  
participate in Stirling Emergency Services junior fire  
fighter program. I realize he/she will be involved in  
emergencies and will participate therein. I also realize  
he/she may be called out of school in times of  
emergencies.

Date: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_

Oath of Confidentiality

I \_\_\_\_\_ will not, without authorization, disclose or make known any privileged information which comes to my knowledge by reason of my appointment. I realize that the Freedom of Information and Protection of Privacy Act prohibits me from disclosing personal information to anyone without authorization; I may be subject to the Act or dismissal if violated.

Date: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Witness' signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Fire Chief's Signature: \_\_\_\_\_