



Petrolia & North Enniskillen Fire Department
Junior Firefighter Program Application

GENERAL INFORMATION

NAME OF JUNIOR FIREFIGHTER: _____ PHONE #: _____

HOME ADDRESS: _____

PARENT/GUARDIAN E-MAIL: _____

SCHOOL: _____ Age: _____ DATE OF BIRTH: _____

T-SHIRT SIZE: Adult (S, M, L, XL) _____

EMERGENCY CONTACTS

1. NAME: _____ **PHONE #:** _____ **R**

RELATIONSHIP: _____

2. NAME: _____ **PHONE #:** _____

RELATIONSHIP: _____

MEDICAL INFORMATION

DOCTOR: _____ **PHONE #:** _____

MEDICAL CONDITIONS OR LIMITATIONS: _____

ALLERGIES: _____

DO YOU TAKE ANY MEDICATION? YES NO

IF YES, LIST THE MEDICATIONS AND WHAT CONDITION IT IS FOR:

I hereby submit my application to become a member of the Petrolia & North Enniskillen Fire Department Junior Firefighter Program. Date: _____

Applicant Signature _____ Guardian Signature _____