ENFIELD FIRE DISTRICT NUMBER ONE

"JUNIOR MEMBER" APPLICATION FORM

CADET FIREFIGHTER PROGRAM

	ION I – PERSONAL DATA:		(Applica	nt Complete)		
1a.	Name:			NA: 1 II		
	Last	First		Middle		
1b.	DOB: 1c. Sex:					
2.	Address: Street	Town	State	Zip		
2a.	Phone:					
2b.	Social Security #:		#:			
3a.	Height: 3b. Weight:	3c. Hair Color:		3d. Eye Color:		
4.	Residence is: Owned Re	ented Live with	Parents _	Live with Other		
5.	Do you have any allergies?					
6.	Do you have any restrictions on lifting or moving heavy objects?					
7.	Do you have any physical or psychological conditions which may limit your ability to perform firefighting tasks or should be considered in assigning you work?					
8.	Are you under a physician's or psychologist's care for any condition at this time?					
9.	Are you taking any prescribed drugs or on a regular schedule of medicine for any condition?					
10.	If you answered yes to any of questions 5 – 9 above, please explain in the space provided below (and on a separate sheet if necessary):					
11a.	Are you employed?:	11b. If yes, h	nours you wo	ork:		
11a. 11c.			-			
	Are you employed?: Employer: Address:		າ:	ork:		
11c.	Employer:	11d. Position	n:sor:	or vehicle violation or		
11c. 11e.	Employer:Address:Have you ever been charged with or c	11d. Position 11f. Supervis convicted or a criminal o If yes, explain nature	n:sor: ffense, moto and dispos	or vehicle violation or ition here:		

SECT	ION II – EDUCATION AND VEH	(Applicant Complete)			
1.	Have you graduated from high	school or received	your GED diploma?:		
2a.	School attending:		2b. Grade Level:		
2c.	Address:				
2d.	Principal's Name:		2e. Year or Graduation:		
3а.	Do you own your own vehicle?. (If yes to either – answ	:3b. er all of the followin	Do you have a vehicle available to you?:		
4a.	Vehicle Make:	4b. Model	: 4c. Year:		
4d:	Color:	4e: Style:			
4f.	Registration #:	4g. Regis	tration State:		
5.	If you do not have a license or a vehicle available to you, how do you intend to get to the station for drills and responding to emergency incidents?:				

SECT	ION III – STATEMENT OF TRUT	H AND ACKNOW	LEDGEMENT OF TERMS: (Applicant Complete)		
I,	icant print full name) IOWLEDGES THAT BY SIGNING	, THE UI	NDERSIGNED APPLICANT HEREBY		
(appl	icant print full name)		ON, I INDICATE THAT THE INFORMATION		
			RRECT TO THE BEST OF MY KNOWLEDGE,		
			,		
,			RESPONSIBLE FOR ADHERING TO AND		
			TED BY THE ENFIELD FIRE DISTRICT		
	BER ONE, THE ENFIELD FIRE D				
			R PROGRAM AS APPLICABLE TO ME AS A		
			JMBER ONE VOLUNTEER FIREMENS		
ASSC	CIATION. I UNDERSTAND THA	T ANY FALSE OR	FRAUDULENT INFORMATION SUBJECTS		
ME TO	O POSSIBLE IMMEDIATE DISCI	PLINARY ACTION	INCLUDING TERMINATION.		
			Date:		
(Appli	cant – sign full name after reading	g statement above)			
*****	**********	******	****************		
SECT	ION IV – OFFICE USE	(To be completed	by Training Officer and Interview Panel)		
Check	Off Each Item When Approved:	p	signed Parent/Guardian Consent Form Proof Of Age Provided		
	Phase One Complete		noor Or Age Provided Inerator's License		
	All Acceptable:	' Ř	Report Card		
		s	Report Card Social Security Card		
		→ P	rincipal Recommended Form		
	References Contacted	- General Comme	nts		
	Interview Complete – [Date of Interview			
	Interview Panel:				
	Interview Findings:				
	Dhasa Tivo Committe				
	Phase Two Complete Findings: Acceptable	 _ Δdmit or Liet	Not Acceptable		
	i indings Acceptable	Admit Of LIST _	Not Acceptable		
		_	Applicant Notified:		