

Deep River Fire Department

Membership Application for Junior Members

I hereby apply for the membership to the Deep River Fire Department, Junior Division and agree that if admitted I will abide by all the By-Laws, rules and regulations of this Department.

For membership to the Department, you must receive a complete medical physical exam by either your own physician or the official department physician. The Physical Examination Form must be completed and returned with this application.

First Name: _____ Date of Birth: _____

Last Name: _____

Place of Birth: _____, _____

I have been a resident of Deep River, CT for _____ years.

Applicants Signature: _____

Recommended by: _____ Date: _____

Character References: (other than parent, guardian or relative)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Do you have a valid CT Drivers License? Yes: ___ No ___

Do you have any arrests or convictions? Yes: ___ No ___ If yes, please explain:

Please list any allergies you may have that would require immediate medical attention:

Office Use Only

Tabled: _____ 3 Months Probation: _____ Accepted: _____

Secretary, Deep River Junior Fire Department