

Date Received: _____

Mount Airy Junior Fire Company

702 N Main Street
Mount Airy, MD 21771
301-829-0100 Ext 12

Applicant Name: _____ Age: _____ Date of Birth: _____

Applicant Address: _____

City / State / Zip Code: _____

Home Phone: _____ Cell Phone: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Address (if different than applicant):

Parent/Legal Guardian Phone Number: _____

Parent/Legal Guardian Email Address: _____

Emergency Contact(s) if we are unable to reach the parent/legal guardian listed above:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Applicant to complete the following questions:

What school do you attend? _____

Are you a member of any other volunteer organizations (church, 4-H, etc)?

I am interested in (please check all that apply):

___ Fire ___ Rescue ___ EMS ___ Community Service Hours ___ Other

Why would you like to join the Mount Airy Junior Fire Company?

Is there anything specific you hope to learn while in this program?

Parent/Legal Guardian to answer the following question:

Are there any medical concerns or issues that the advisors should be aware of including environmental and food allergies? ____ No ____ Yes

If yes, please explain: _____

Applicant's Signature: _____ Date: _____

Parent/Legal Guardians Signature: _____ Date: _____

Parent/Legal Guardian Name Printed: _____

NOTE: Please include a \$3.00 membership fee and a copy of your last report card with this application.

Advisor Use Only	
Jr Fire Company Advisor:	_____
Date Dues were Received:	_____
Report Card Received:	_____
Accepted:	_____