

Manchester Volunteer Fire Department

P.O. Box 416 • Manchester, Maryland 21102
(410) 239-2286

Date application submitted _____ Date of Birth _____ Age _____

Applicant Name (Last) _____ (First) _____ (MI) _____

Current Address _____ Apt. # _____

City _____ State _____ Zip Code _____

School Attending _____ Current Grade Level _____ Current GPA _____

Phone number of Parent(s)/Guardian(s) _____

Best Number to Contact _____ Email _____

Name of Junior Member Sponsoring _____

In a short paragraph, explain why you would like to be a member of Manchester Junior Fire Department: _____

Signature of Applicant _____

PARENT/GUARDIAN CONSENT

I, BEING A PARENT OR GUARDIAN OF THE APPLICANT, WHOSE NAME APPEARS ABOVE, DO HEREBY GIVE CONSENT FOR HIM/HER TO JOIN AND PARTICIPATE IN THE MANCHESTER JUNIOR FIRE DEPARTMENT AS AN UPaid VOLUNTEER. I ALSO UNDERSTAND THAT BEING A MEMBER OF THE COMPANY, HE/SHE IS ENTITLED TO ANY INSURANCE BENEFITS THAT MAY LEGALLY BE CLAIMED AS A RESULT OF ANY ACCIDENT DURING MANCHESTER VOLUNTEER FIRE COMPANY ACTIVITIES.

Signature of Parent(s) / Guardian(s)

Witness to Above Signatures