

CITY OF WEST ORANGE
WEST ORANGE VOL. FIRE DEPT.

APPLICATION FOR MEMBERSHIP - JUNIORS

I hereby make application to become a member of the WEST ORANGE VOL. FIRE DEPARTMENT, subject to it's constitution and By-Laws and agree to abide by them.

Name: _____ Phone: _____

Address: _____

DL# _____ State: _____ Age: _____ DOB: _____

Employer: _____ Supervisor: _____

Business phone: _____ Work Schedule: _____

School Attending: _____ Grade level: (circle one) 5 6 7 8 9 10 11 12

Prior Department Service: _____

Recommended by: _____

Date: ____/____/____ Signature: _____

Checked by: _____ Date: ____/____/____

RECORD:

Council approved: ____/____/____

FD approved: ____/____/____

**CITY OF WEST ORANGE
WEST ORANGE VOL. FIRE DEPT.**

WAIVER OF LIABILITY AND EMERGENCY APPROVAL FORM

We the parents of _____ do, by affixing our name below, hereby release the **CITY OF WEST ORANGE** from any and all liabilities for bodily injury or damage either physical or mental, resulting directly or indirectly from any means or cause and affecting the above named person while on a fire or fire department activities.

If our child needs medical attention for an emergency, you have our permission to take care of the necessary medical needs by transporting him/her to a hospital or doctor's office without any liability to the **CITY OF WEST ORANGE** or attending medical personnel.

DATE SIGNED: ____/____/____

BOTH PARENTS PLEASE SIGN BELOW

PHONE #: _____

ADDRESS: _____

SPECIAL MEDICAL INFORMATION (Fill out only if needed)

Our child has or has had:

Heart trouble: _____

Convulsions: _____

Diabetes: _____

Allergies or allergic to certain medications: _____

Other physical disability or health problems: _____

Given under my hand and seal of office this _____ day of _____, 20____.

Notary Public Signature: _____

Print or typed name: _____