

Fair Grove Fire Department
213 Cedar Lodge Rd.
Thomasville, NC 27360

Dear Parent,

Your son/daughter has applied for membership in the FAIR GROVE JUNIOR FIRE DEPARTMENT. This organization is under the sole direction of the FAIR GROVE FIRE DEPARTMENT. Each of the members are covered by a group insurance policy. If your son/daughter has your permission to join this organization, please sign the certification below. This is to release the responsibility of an accident, should one occur, from the fire department, any of its members, or any member of the community. Should an accident occur, it will be covered by the insurance company.

We know you will be proud to have your son/daughter be a member of this organization, which has been created to teach the young people in our community citizenship and responsibility as well as fire fighting techniques.

Please read the attached By-Laws and discuss them with your son/daughter, as these are the rules which we operate by. We want both of you to have a common understanding of them. Should you have any questions please call the Chief or the advisor.

Fair Grove fire Department

CHIEF _____

ADVISOR _____

My son/daughter, _____ has my permission to join the FAIR GROVE FIRE DEPARTMENT. In case of an accident I will not hold the Fair Grove Fire Department, any of its members or any member of the community responsible for the accident. I understand that my son/daughter will ne covered by a group insurance policy.

_____ DATE _____

_____ DATE _____

* WITNESS, FGFD FIREFIGHTER _____

Are there any physical limitations or any health problems that we should be awareof; as, a history of heart disease, asthma etc. If so please list and explain.

* We ask that at least one parent signature be witnessed by an active senior member of the Fair Grove Fire Department.

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JUNIOR FIREFIGHTER APPLICATION

Date _____

Name _____ Nickname _____
First Middle Last

Address _____
Street

Age _____ Birth Date _____ Phone _____
City Zip

Parents Names _____

School _____ Grade _____

Church _____

How many children in your family? _____ Are you a licensed driver? _____

Do you have a part time job? _____ If so, where _____

Why do you want to join the Junior Firefighters _____

Social Security Number _____

Signature _____

Approved by Board of Directors: Date _____

Attest by Secretary, Board of Directors _____