

BAYPORT FIRE DEPARTMENT

*251 Snedecor Ave
Bayport, New York 11705*

JUNIOR FIRE DEPARTMENT APPLICATION

Name: _____
LAST FIRST MIDDLE

Address: _____
NUMBER STREET/AVE APT#

TOWN STATE ZIP CODE

Date of Birth: _____ Age: _____ Grade: _____

Home phone number: _____ Jr Cell number: _____

Parent Cell number: _____ Cell Carrier : _____

Male: [] Female: []

Does your child have any allergies: Yes [] no []

If answered "yes", please list

Doctor's name: _____ Telephone number: _____

I give my son / daughter permission to fully participate in all firematic activities and junior drill team activities.

Additional information: _____

Email address: _____

Signed: _____
Parent or legal guardian

OFFICE USE ONLY:

Date received: _____

First reading: _____

Second reading / Active date: _____