

# Scottsville Volunteer Fire Department

## Junior Membership Application

P.O. Box 381  
Scottsville, Va 24590  
(434) 286-2841

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dear Applicant,

With a willingness to learn and a desire to help your organization and our community, I hereby make application for membership in the Scottsville Volunteer Fire Department Junior Firefighter Auxiliary. If accepted into the organization, I agree to follow the rules and regulations of the department at all times furthermore, I agree to cheerfully and actively participate in all phases of the department operation. I understand that while I may take part in training, work details, fundraising (including but not limited to Bingo), and certain fire ground activities, there must be restrictions for safety and insurance reasons. I agree to conduct myself responsibly and to follow the direction of my Junior Leader and all members of the Scottsville Volunteer Fire Department.

The Scottsville Volunteer Fire Department agrees to safely and properly train all members of the Scottsville Volunteer Junior Firefighters Auxiliary.

FIRST NAME	MIDDLE	LAST	
STREET ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	OTHER	
BIRTHDATE	AGE	DRIVERS LICENSE YES NO	SOCIAL SECURITY NUMBER
CURRENT SCHOOL			
CURRENT EMPLOYER		PHONE NUMBER	
ANY MEDICAL CONDITIONS THAT MAY AFFECT YOUR ACTIVITIES IN THE DEPARTMENT:			
RECOMMENDED BY:		PHONE:	
RECOMMENDED BY:		PHONE:	

PARENT/GUARDIAN NAME	SIGNATURE	PHONE
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EMERGENCY CONTACT	RELATIONSHIP	PHONE
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Official use only:		
Presented: _____	Balloted: _____	Results: _____