



SYKESVILLE-FREEDOM DISTRICT FIRE DEPARTMENT
SYKESVILLE, CARROLL COUNTY, MARYLAND 21784
www.sykesvillefire.org
JUNIOR DIVISION

MEMBERSHIP APPLICATION

Date: _____

Name: _____

Address: _____

Age: _____ Date of Birth: _____ Phone: _____

Social Security Number: _____

List name and phone number of three references, if possible, one of which is a Senior or Junior member of this department.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

IN CASE OF EMERGENCY NOTIFY:

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Family Physician: _____ Phone: _____

Does your son/daughter have any physical limitations that we the Fire Department should know about in reference to Department training and activities? (Asthma, Epilepsy, etc...)

The above information is requested to insure that your son/daughter will receive prompt care in case of an emergency, medical or otherwise, and that you, the parents, will receive prompt notification of such. All information will be treated as confidential, and only Senior Advisors will have access to the above.

Junior Member Signature

Parent or Guardian Signature

----- ACTIVITY PERMISSION SLIP -----

My son/daughter, _____, has my permission to participate in the Junior Fire Department activities at the Sykesville-Freedom District Fire Department or other specified locations. I understand that the instructors for the course are highly qualified and that I will not question their teaching procedures unless I feel that my sons/daughters safety is in danger. I am aware that I may observe any field activities when my son/daughter is participating. I understand that the Junior Firefighters program is to be taken seriously and my son/daughter will be removed from membership if his/her performance poses a threat to the safety to themselves or others. I will not hold the Fire Department responsible for any accidents which may occur during any Junior activities.

Date: _____ Junior Member: _____

Parent or Guardian: _____

----- Fire Department Use Only -----

Membership approved: _____ Date Entered Company: _____

Membership disapproved: _____ Reason: _____