



NORLINA VOLUNTEER
 FIRE DEPARTMENT
 P. O. BOX 606
 103 CENTER STREET
 NORLINA, NORTH CAROLINA 27563



Application

for

Junior Fire Personnel

<i>For Official Use Only</i>	
Action Taken	Date of Action
Reviewed	_____
Approved	_____
Denied	_____

Date: _____

Name: _____

Address: _____

Phone Number: _____

Age _____ Date of Birth: _____

Sponsor's Name: _____

School Enrollment: _____

Address: _____

Phone Number: _____

Driver's License Number: _____

Social Security Number: _____

Do you have any disabilities that prohibit you from carrying out your duties? No ___ Yes ___

Parents Name: _____

Address: _____

Phone Number: _____ (Work)

_____ (Home)

I am in agreement to allow _____
 to serve as Junior Fire Personnel with the Norlina Volunteer Fire Department. I understand
 the above regulations and verify that all above information is true to my knowledge. I release
 said Fire Department from all liability while my child is in service to the department.

 Signed by Parent or Legal Guardian