

**Clear Spring Volunteer Fire Company**  
**Junior Membership Application**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Junior Date Of Birth: \_\_\_\_\_

**Parent Contact Information**

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent Email: \_\_\_\_\_

**Emergency Contact (other than parent)**

EC Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Relationship to Junior: \_\_\_\_\_

Does the Junior member have any family in the Fire/EMS service? YES \_\_\_\_\_ NO \_\_\_\_\_

Does the Junior Member Have any Physical Limitations or Health Problems? YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes please Explain: \_\_\_\_\_

Does the Junior Member have any food/environmental allergies? (Please list or write N/A if none)

\_\_\_\_\_

Junior Member Shirt Size (YOUTH Size) SM \_\_\_\_\_ MED \_\_\_\_\_ LRG \_\_\_\_\_ XLG \_\_\_\_\_

Junior Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_