

MEMBERSHIP APPLICATION

**WINFIELD COMMUNITY VOLUNTEER
JUNIOR FIRE DEPARTMENT**

Name _____ Age _____ Date of Birth _____

Home Mailing Address _____

Home Phone Number _____

Parent/Guardian Names _____

Parent/Guardian Address _____

Name of School Attending _____

School Address _____

Grade Currently In _____

Who to Contact in Case of an Emergency _____

Contact Phone _____

In your own words, please describe below why you want to be a member of the Winfield Junior Fire Company.

Please list below any training or special classes you have taken which would be helpful to you as a member of this company. If you have a First Aid card, etc... (please list the expiration date or dates).

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Please put your initials on the line after each section when you have read and understood what each one is saying.

*If accepted, I agree to abide by the rules, regulations, constitution and by-laws of the Winfield Junior Fire Company.

*I certify that I have read and understood each question in this application and that all answers that I have given are true, complete and correct to the best of my knowledge. _____

*I understand that this application will be investigated by the JR Advisory Committee and any false statements made on this application by me could cause this application to be turned down. _____

Signature _____ Date _____

I certify that I am the parent and/or guardian of (please print) _____ that this applicant is at least 12 years of age and that the applicant has my permission to submit this application for membership.

Signature _____ Date _____

Relationship _____

MEMBERSHIP APPLICATION
WINFIELD COMMUNITY VOLUNTEER
JUNIOR FIRE DEPARTMENT

Winfield Community Volunteer Junior Fire Department

AGREEMENT

I / We _____ and _____, the parents or guardians of a minor, hereby give our consent for _____, our son or daughter, to become a member of the Fire Fighting Force of The Winfield Community Volunteer Fire Department, Inc.

We further agree that in consideration of the acceptance of our son or daughter _____, will not press any claim for accident, negligence, or neglect to _____, our son or daughter and will defend the said Winfield Community Volunteer Fire Department, Inc. And will do all to save them harmless from any such actions and they waive any such action that they may have now for forever as the result of all injuries to _____, a minor.

We agree that this Agreement will remain in effect until the eighteenth birthday of our son or daughter, _____, or until withdrawn in writing by consenting parent / guardian.

As witness, the hands and seals of _____ and this _____, day of _____, 20__

_____ Signature

_____ Signature

I hereby certify, that on this _____ day of _____, 20__, before the subscriber, a Notary of Public, in and for the State of Maryland, County of Carroll, a foresaid personally appears _____ and _____, and they make oath in due form of law that the matter and fact set forth in the forgoing agreement are true and correct and they have excepted the same as their free act and deed.

As witness, my and Notarial Seal
