



CASCO FIRE RESCUE DEPARTMENT

635 Meadow Rd.

Dispatch: 893-2810 - Central Station: 627-4044 - Company 2: 655-7434



Junior Membership Application

Date _____

PERSONAL INFORMATION

Name _____ Age _____ Gender _____

Present Address _____

Date of Birth _____ Height _____ Weight _____ Hair _____ Eyes _____

Social Security Number _____

Home Phone _____ Cell Phone _____ Email _____

PHYSICAL RECORD

List any physical defects _____

Were you ever injured _____ Give details _____

Have you any defects in hearing _____ In vision _____ In speech _____

In case of emergency notify _____

Insurance beneficiary _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation of or omission of facts called for is cause for dismissal.

Date _____ Signature _____

Parent of guardian consent

I _____ give my permission for

_____ to be a member of Casco Fire Rescue Department.

Date _____ Signature _____