



GAMBER & COMMUNITY FIRE COMPANY

ENGINE • MEDIC • WATER RESCUE

Junior Membership Application

Date: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____

Parent/Guardian Names: _____

Current School/Grade: _____

Do you have any disabilities that may affect your ability to function as a junior firefighter? (wearing gear, lifting ladders/hoses, etc.)

Are you taking any medications that we need to be aware of? If so, please list them.

Have you ever been a member of any other fire company? If yes, please explain reason for leaving.

To the best of my knowledge all statements and information above is correct and true. I hereby authorize Gamber and Community Fire Company to investigate any and all statements made in the above application for accuracy and integrity. Furthermore, I understand that the omission of facts may result in rejection of my application.

Applicant's Signature: _____

Parent/Guardian's Signature: _____

****\$3.00 membership fee must accompany this application****

3838 NINER ROAD • FINKSBURG, MARYLAND 21048 • PHONE (410) 795-3445

WWW.GAMBERVFD.ORG

The Gamber & Community Fire Company is an Equal Opportunity Employer and abide by Federal HIPAA standards for privacy.