



# SHEPHERDSTOWN VOLUNTEER FIRE DEPARTMENT

Rt 45 West • PO Box F  
Shepherdstown, WV 25443

## APPLICATION FOR JUNIOR MEMBERSHIP

### GENERAL INFORMATION

Date: \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

### EDUCATION

Last High School Attended: \_\_\_\_\_

Vocational School (if applicable) \_\_\_\_\_

### EMPLOYMENT List Present employer (if applicable)

Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Occupation / Duties of Job \_\_\_\_\_

### OTHER

List any school or community groups/organizations: \_\_\_\_\_  
\_\_\_\_\_

List any special training or abilities you possess that you feel will be an asset to the Department.

(i.e., First Aid, CPR, etc.): \_\_\_\_\_  
\_\_\_\_\_

Do you have any disabilities that require special accommodations?  No  Yes If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date