

ELLINGTON VOLUNTEER FIRE DEPARTMENT
JUNIOR PROGRAM/EXPLORER POST 43
Addendum to Application for Membership

Member Information:

Name: _____ D.O.B.: _____

Address: _____

Phone (Home): _____ Phone(Cell): _____

Work: _____ Phone(Work): _____

School: _____ Grade: _____

Email: _____

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Parent/Guardian Information:

Mother's Name: _____ Mother's Phone(H/W): _____

Mother's Address: _____

Father's Name: _____ Father's Phone(H/W): _____

Father's Address: _____

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Emergency Contact:

Person to contact in emergency if Mother/Father not available.

Name: _____ Relationship: _____

Phone(Home): _____ Phone(Work): _____

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Medical Information:

List any known medical conditions or medications.

I hereby give permission for an EVFD Advisor/Officer to seek medical attention, up to and including transportation to a nearby hospital.

Signature: _____ Name/Relationship: _____