



The Junior Volunteer Fire Department of Prospect

P.O. Box 7001

Prospect, Connecticut 06712

Application for Membership

Name: _____ Date: ____/____/____

Address: _____ Date of Birth: ____/____/____

Home Phone Number: (____) - ____ - ____ Cell Phone Number: (____) - ____ - ____

Applying for: Medical [] Fire []

Highest Year of Education Completed: _____

Connecticut Driver's License Number (If Applicable): _____

Employer (If Applicable) Name: _____

Address: _____

City: _____

Position: _____

Hours: _____

Supervisor: _____

Phone Number: (____)- ____ - ____

Recommended By Prospect Fire Department Member: _____

I declare the foregoing to be a truthful and complete statement of the facts. I understand that the false information may be cause for rejection of dismissal of this application. I further agree to conform to all by-laws, rules and regulations of the Volunteer Fire Department of Prospect, Inc if I am accepted for membership.

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Parent (Guardian) _____