

Alstead Fire Department
Alstead, New Hampshire

Application for Membership
Junior Firefighter Program

Name
Address
Phone #
Birth date
Parent or Guardian Name
Emergency Phone #

Grade
School
Grade Point Average
Principal's Signature

List two local residents you know:

Name	Phone#
Name	Phone#

I testify that the above statements are true. If the above application is accepted, I agree to abide by all the rules, regulations, and policies of the Alstead Fire Department as set forth by the Chief Officers, the Executive Committee, the Board of Fire and the By-Laws of the department as written and/or amended.

Signature _____ Date _____

Parent or Guardian Signature

Recommended by

Acc Rej By the Members of the Alstead Fire Department
(date)

Chief