

Libertytown Volunteer Fire Department



LIBERTYTOWN, MARYLAND 21762

PHONE 898-9193

EMERGENCY 911

**Application for Junior Membership
Libertytown Volunteer Fire Department**

Full Name _____ Date of Birth _____ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell/Pager _____

Male _____ Female _____

Family Physician _____ Phone _____

Insurance _____ Policy # _____

Emergency Contact _____ Phone _____

Employer _____ Address _____

School _____ Grade _____

Are you a member of any other organizations? Yes _____ No _____

If yes, what? _____

Parent/Legal Guardian _____ Home Phone _____

Address _____

Parent/Legal Guardian Signature _____

I, _____ give my permission to my son/daughter _____

_____ to become a member of the Libertytown Volunteer Fire Department.

Parent/Legal Guardian _____

Person Applying for Membership _____ Date _____

Signature _____ Date _____