

# APPLICATION - JUNIOR FIREFIGHTER

TOWN OF  
**CAMPBELL**  
La Crosse County  
La Crosse, WI 54601



Fire Department  
2219 Bainbridge Street

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Father's Phone No. \_\_\_\_\_ Mother's Phone No. \_\_\_\_\_

Place of Employment \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Employment \_\_\_\_\_

Hours of Employment \_\_\_\_\_

Do you have any physical disability or allergy? If yes, explain. \_\_\_\_\_

Doctor \_\_\_\_\_

Hospital \_\_\_\_\_

In case of accident who, other than your parents, should be notified? \_\_\_\_\_

\_\_\_\_\_ Phone No. \_\_\_\_\_

List skills or training related to firefighting \_\_\_\_\_

List other skills or training \_\_\_\_\_

Drivers License No. \_\_\_\_\_

Reason for Applying \_\_\_\_\_

Signature of Father \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother \_\_\_\_\_ Date \_\_\_\_\_

Signature of Sponsoring Firefighter \_\_\_\_\_ Date \_\_\_\_\_

## Action Taken on Application

Trustees Interview Date \_\_\_\_\_ Action \_\_\_\_\_

Membership Meeting Date \_\_\_\_\_ Action \_\_\_\_\_