

MILLTOWN RESCUE SQUAD

Application For Junior Membership

Name _____

Address _____

Home Phone _____ D.O.B. _____

Cell Phone _____

How long have you been a resident of Milltown? _____

Do you have a Drivers License? _____

If yes, Driver License Number _____

School _____

Grade Point Average _____

Do you work? _____

Employer _____

Total hours per week _____

Do you hold a standard first aid card? _____

Do you hold a CPR card? _____

Why would you like to become a member? _____

Signature of Applicant _____ Date _____

Signature of Parent _____ Date _____

Signature of Parent _____ Date _____

FOR OFFICIAL USE ONLY

Date Received _____

Investigated By _____

Remarks _____
