



**BENDERSVILLE COMMUNITY FIRE COMPANY, INC.**

**JUNIOR FIRE DEPARTMENT**

P.O. Box 254  
144 Park Street  
Bendersville, PA 17306-0254

Firehouse (717) 677-8000  
Community Hall (717) 677-8324  
Fax (717) 677-0599

[www.bendersvillefireco.com](http://www.bendersvillefireco.com)

## Application-Parental/Guardian Consent Form

Last name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

First name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

School attending: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email address: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

List any Allergies or any Medical conditions we need to be aware of: \_\_\_\_\_

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Parent(s) or Guardian(s): \_\_\_\_\_

Address (or same as above): \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email address (if different than above): \_\_\_\_\_

Emergency Contact(s): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

*"The Desire to Serve, the Courage to Act and the Ability to Perform"*



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I, \_\_\_\_\_ have the desire to become a member of the Bendersville Community Fire Company's Junior Fire Department, to learn more about Fire/Emergency Services and to serve my community.

Applicant Signature: \_\_\_\_\_

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I hereby give consent for, \_\_\_\_\_ to join the Bendersville Community Fire Company's Junior Fire Department and to participate in any activities that are sponsored and supervised by the Fire Company.

Printed Parent/Guardian name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Completed Application/Consent forms and **\$5.00** for the 1<sup>st</sup> year of Dues can be provided to any Fire Company Member

For additional information on our Junior Program, please email us at:  
[juniors@bendersvillefireco.com](mailto:juniors@bendersvillefireco.com)

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