

**APPLICATION FOR JUNIOR FIREFIGHTER  
VACAVILLE FIRE PROTECTION DISTRICT**

*Please print or type all information requested. Incomplete applications will not be considered.*

Your Legal Last Name:	First Name:	Middle Name:	
Home Address:    Number            Street	City	State      Zip	
Mailing Address ( <i>if different than above</i> ):			
Home Phone:	Work Phone:		
Date of Birth:	Age:	Place of Birth:	
Height:	Weight:	Blood Type:	Color of Eyes:
Hair Color:		Social Security Number:	
Driver's License Number:	Class:	Expiration Date:	
Driving Record: Have you ever had your license suspended, cancelled, or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain each separate incident in detail on a separate piece of paper.			
List all driving citations you have received in the past five years. (List additional citations on a separate piece of paper.)			
_____			
<i>Date</i>	<i>Conviction</i>	<i>Disposition</i>	<i>Name &amp; Court Address</i>
School:	Grade Point Average:		
Employed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, <input type="checkbox"/> full time or <input type="checkbox"/> part time? Where?			
Please indicate a name and phone number of person the Fire District may contact in case of emergency:			
Name: _____			
Phone Number: _____ Relationship _____			

Why do you wish to become a Junior Firefighter?
What community interests do you have (organizations, business or personal)?

**HEALTH RECORD**

Do you have any disabilities or allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what are they?

**I hereby certify** that all statements in this application and in any attachments are true and complete as far as I can determine, and I understand that any misstatements of material facts may subject me to disqualification or dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parents or Guardians' signature(s) \_\_\_\_\_  
 \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>
<input type="checkbox"/> Acceptance Date _____
<input type="checkbox"/> Explorer application completed Yes <input type="checkbox"/> No <input type="checkbox"/> ; make sure Post/Ship Copy is filled out on the back that is the medical release
<input type="checkbox"/> Department ID # _____
<input type="checkbox"/> Resignation Date _____