

# WILLINGBORO FIRE DEPARTMENT

FIRE HEADQUARTERS  
398 Charleston Road, Willingboro, NJ 08046



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*Chief of Department*

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## YOUTH FIRE ACADEMY APPLICATION FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City Zip

Email Address: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

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

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

Current School: \_\_\_\_\_

Current GPA: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Sibling(s) Name(s) and Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of any Crimes? \_\_\_\_\_

Have you ever been arrested, convicted or charged with any offense other than minor traffic offenses? If yes, please explain in detail include what action was taken against you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, Address and phone numbers for two adult character references who are not related to you:

1. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

