WILLINGBORO FIRE & EMS

398 Charleston Road, Willingboro, NJ 08046

Anthony Burnett
Chief of Department



Phone: (609) 877-7476 Fax: (609) 871-4463

YOUTH FIRE ACADEMY APPLICATION FORM

Name:	Date of Birth:			
Last	First	MI	_	
Address:				
Street		City		Zip
		····	Sex:	Race:
Driver's license #:		State	e:	Exp:
Home phone:		Work phone:		
		-		
Current School:				
Current GPA:				
Parent/Guardian Nam	e(s):			
Sibling(s) Name(s) an	nd Date of Birth:			
Have you ever been c	onvicted of any Crin	nes?		
		or charged with any o	offense ot	her than minor traffic
		nclude what action was		
				
-		o adult character refere	ences who	are not related to you
1				
				 -
2				

Write a short Essay about how you heard about the Yo attend?	uth Fire Academy and why you wish
ALL APPLICANTS ARE SUBJECT NVESTIGATION INCLUSIVE OF CRI CONTACTS, SCHOOL DISCIPLINE, ATT	MINAL HISTORY, POLIC
REFERENCES. WILLINGBORO FIRE & 1	EMS RESERVES THE RIGH
O DETERMINE AN APPLICANT'S PART	TCIPATION.
APPLICANT SIGNATURE	DATE
PARENT/GUARDIAN SIGNATURE	DATE