

WILLINGBORO FIRE & EMS

398 Charleston Road, Willingboro, NJ 08046



Anthony Burnett
Chief of Department

Phone: (609) 877-7476
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YOUTH FIRE ACADEMY APPLICATION FORM

Name: _____ Date of Birth: _____
Last First MI

Address: _____
Street City Zip

Cadets Email Address: _____ Sex: _____ Race: _____

Home phone: _____ Cell phone: _____

Current School: _____

Current GPA: _____

Parent/Guardian Name(s): _____

Parent's/Guardian's Address: _____

Parent's/Guardian's Email Address: _____

Parent's/Guardian's Phone Number: _____

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:

Emergency contact if parents cannot be reached (Name, Address, Phone) _____

Are there any medical, Behavioral, or dietary restrictions, which we should be aware of? (Please specify including known allergies.)

Physician's Name, Address and Number: _____

Child's Health Insurance Carrier: _____

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

1. _____

2. _____

Write a short Essay about how you heard about the Youth Fire Academy and why you wish to attend? (If there's not enough room please use a separate piece of paper and attach it to this form)

ALL APPLICANTS ARE SUBJECT TO A BACKGROUND INVESTIGATION INCLUSIVE OF CRIMINAL HISTORY, POLICE CONTACTS, SCHOOL DISCIPLINE, ATTENDANCE, AND PERSONAL REFERENCES. WILLINGBORO FIRE & EMS RESERVES THE RIGHT TO DETERMINE AN APPLICANT'S PARTICIPATION.

APPLICANT SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE DATE

Willingboro FIRE & EMS, 398 Charleston Road, Willingboro, NJ 08046

IF YOU HAVE ANY QUESTIONS PLEASE CALL (609) 871-7476, Ext 1093