

**Brookfield Fire & Emergency Services**  
**Application for Junior Firefighter Membership**

**Personal Information**

Name (in full) \_\_\_\_\_ Date \_\_\_\_\_

Civic Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Citizenship \_\_\_\_\_ Drivers License Master Number \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Person to Notify in case of Accident \_\_\_\_\_

Relationship (if any) \_\_\_\_\_ Contact Information \_\_\_\_\_

Family Physician \_\_\_\_\_ Contact Information \_\_\_\_\_

**Allergies or Medical Conditions**

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

First Aid Training (if any) \_\_\_\_\_

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

Other Activities/Interests \_\_\_\_\_

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

**Parental/Guardian Consent**

I hereby consent to \_\_\_\_\_ becoming a junior member of Brookfield Fire And  
Emergency Services. I have read and understood the Information to Parents and agree to the Terms and  
Conditions involved.

Parent/Guardian (Print name) \_\_\_\_\_ Signature \_\_\_\_\_

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**Parent/Guardian Information**

Name (in full) \_\_\_\_\_ Date \_\_\_\_\_

Civic Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Phone (work) \_\_\_\_\_ Email: \_\_\_\_\_