

Dunn Emergency Services, Inc.
 P.O. Box 203
 Dunn, North Carolina 28335
 Office: 910-892-1211
 Fax: 910-892-7777

APPLICATION FOR
 JUNIOR VOLUNTEER

DATE: _____

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL

Name:		Age:	Date of Birth:	
Street			Social Security #:	
City:			Home Phone #:	
State:	Zip:	Business Phone#:		
Driver's License#		E-Mail Address:		
Position Applying For:	Vol. EMS	Vol. Fire	Both	

EDUCATION

Name and Location

High School:	Grade:
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REFERENCES

NAME AND ADDRESS

OCCUPATION

PHONE NUMBER

NAME AND ADDRESS	OCCUPATION	PHONE NUMBER

*****ALL APPLICANTS MUST FURNISH A COPY OF THEIR DRIVING RECORD*****

APPLICANT: Read and Sign Below

The information provided by me in this application is true, complete and accurate to the best of my knowledge. I understand that if I am accepted as a volunteer any false statement will be considered as cause for dismissal.

APPLICANT SIGNATURE: _____ **DATE:** _____

PARENTS OR GUARDIAN:

We do hereby give our permission for _____ to be a volunteer member of Dunn Emergency Services, Inc.

Mother: _____ **DATE:** _____

Phone # Home: _____ **Work:** _____ **Cell:** _____

Father: _____ **DATE:** _____

Phone # Home: _____ **Work:** _____ **Cell:** _____

Guardian: _____ **DATE:** _____

Phone # Home: _____ **Work:** _____ **Cell:** _____

COUNSELOR/PRINCIPAL

I certify that the above named student is aware of, and fully understands that they must maintain a "C" average in all their classes to maintain membership in Dunn Emergency Services, Inc. I further recommend that the student be allowed to be a member of Dunn Emergency Services, Inc.

COUNSELOR APPROVAL _____ **DATE:** _____

PRINCIPAL APPROVAL _____ **DATE:** _____