

Franklin Volunteer Fire Department Inc.

5 Tyler Drive

North Franklin, CT 06254

Established 1954

Application for Membership

Explorer / Cadet

Name: _____ Date of Birth: ____/____/____

Address: _____ Home Phone: _____

Social Security Number: ____ - ____ - ____

Education

Grade School: _____ Year Graduated: _____

High School: _____ Year Graduated: _____

Licenses Held: _____

Hobbies / Activities: _____

Medical History / Disabilities / Allergies: _____

Signature of Applicant: _____

Print: _____

Signature of Parent or Legal Guardian: _____

Print: _____

I agree to not represent, post or comment on social media regarding comments or situations that may be specific to the Franklin Fire Department.

Acknowledgement of Applicant: _____

Received By: _____

Received By: _____

Received By: _____

Date of Membership: ____/____/____