James T. Wascom Fire Chief Phone (225) 664-7123 Fax (225) 664-6660



9760 Florida Blvd Walker, Louisiana 70785

http://www.lpfpd4.com

Junior Firefighter Application

Date: Applicant Full Name	:
Address:	City:
Zip Code: Cell: ()	Current E-mail Address:
Age: Social Security Number:	Date of Birth:/ Sex: Male/ Female
Grade in School:Name of School:	GPA:
Parent/Guardian 1 Name:	Relationship: Cell: ()
Address:	City:
Zip Code: Current En	mail Address:
Parent/Guardian 2 Name:	Relationship: Cell: ()
Address:	City:
Zip Code: Current En	mail Address:
In case of emergency if the above guardian can	
Name:	Phone:
Relationshin:	
All information listed on the above application is co Protection District 4 administrative personnel only. I participate in this program.	I understand that I must maintain a "C" grade average in school to
Applicant Signature:	Date:
Parent/Guardian 1 Signature:	Date:
Parent/Guardian 1 Signature:	Date:
For	r Office Use Only
Date placed on Department:	Station to be assigned: ID # to be assigned:
Junior Firefighter Coordinators Signature:	Date:
Fire Chiefs Signature:	Date