



Potsdam Volunteer Fire Department, Inc.

"Making House Calls Since 1857"

P.O. Box 756 ■ 42 Main Street ■ Potsdam, New York 13676

Emergency ■ Dial 9•1•1 or 315-265-3311

Non -Emergency ■ 315-265-3312 or 315-265-4397 ■ FAX ■ 315-265-7738

PARENTAL CONSENT FORM

(Type or print clearly)

APPLICANT INFORMATION			
NAME:		DOB:	

I, _____ hereby give my consent for my son/daughter,
(Print name of parent/guardian)
 named above, to apply for membership in, and participate in all the training and approved activities of the Potsdam Volunteer Fire Department, Inc. I understand that my son/daughter will be required to complete firefighter training and respond to emergency scenes to perform firefighting or other duties as assigned by the officer in charge. I further certify that my son/daughter is medically and physically fit to undertake these activities and that, to my knowledge, is not suffering from any contagious or infectious disease, or any medical or dental condition or disability likely to interfere with or be aggravated by these activities.

 (Signature of parent/guardian)

State of:

County of:

On this _____ day of _____, 200____, personally appeared before me the said named, _____ to me known and known to me to be the person described in and who executed the foregoing instrument and _____ acknowledged that _____ executed same, and being duly sworn by me made oath that the statements contained herein are true.

 (Notary)