

**SOUTH THOMASTON FIRE DEPARTMENT  
JUNIOR FIREFIGHTER PROGRAM  
PARENTAL/GUARDIAN CONSENT FORM**

*Please print*

I/We \_\_\_\_\_  
\_\_\_\_\_

Parent(s)/guardian(s) of \_\_\_\_\_ who is 16/17  
years of age.

Give my/our consent to join the South Thomaston Fire Department.

Furthermore, I/we certify that I/we have reviewed the By-laws for adult and junior  
firefighters of the South Thomaston Fire Department.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_