



Riley Fire Department

327 N Main St
Riley, KS 66531

(785) 485-2261
rileyfiredept@cityofriley.com
www.cityofriley.com

Junior Firefighter Program Application

Name: _____ Phone Number: _____
Address: _____ Date Of Birth: _____
Email: _____

Do you have your parent’s permission to apply to be a Junior Firefighter? Yes _____ No _____

Parent/Guardian Name: _____ Phone Number: _____
Address: _____

Emergency Contacts:

Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

Medical Information:

Doctor: _____ Phone Number: _____

Hospital: _____ Phone Number: _____

Medical Conditions: _____

Allergies: _____

Do you take any medications? Yes _____ No _____

If Yes, list the medication and what condition it is for: _____

Background Information (use another sheet of paper if more space is needed)

(A background check will be done. A felony will prevent anyone from becoming a member of the RFD)

Have you ever been arrested, ticketed, fined, etc? (Felonies, Traffic Tickets, Misdemeanors, etc)? Yes _____ No _____

If Yes, Please list the date(s) and what the charge(s) were/was:

Additional Information (use another sheet of paper if more space is needed)

What interests you the most about becoming involved with the Riley Fire Department?

Please list other activities, in detail, that you are involved in (Sports, Volunteer Work, Church, etc):

Applicant Signature Date

Parent/Guardian Signature Date

Riley Fire Department Use Only

Fire Chief Approval _____