



*New Castle/Henry County*

*Shop with a Fireman Application*

Application Instructions:

1. All sections of this application must be completed or it will not be accepted.
2. Once completed and signed, you may fax or mail to:  
 New Castle Fire Department  
 c/o Shop with a Fireman  
 229 N Main Street                      Fax:765-521-6816  
 New Castle, IN 47362
3. Application must be clearly written and legible.
4. Applications deadline is no later than 4pm, Friday November 22, 2019.
5. The program leader will make contact with you prior to the shop date if your application has been accepted. Please **DO NOT CALL** for the status of your application.

**Parent(s) Information:**

Parent name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Child's Information:**

First Name	Last Name	Sex	Age	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please provide all the requested information. In order to help as many children as possible we cross check our list with those lists of other organizations to avoid duplication.

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Have you ever participated in the Shop with a Fireman before? Yes No

If yes, in what year(s)? \_\_\_\_\_

Do you plan to, or have you applied to any other organizations? Yes No

If yes, what organizations? \_\_\_\_\_

**Shop with a Fireman-Narrative Section**

Please write a brief paragraph describing your need for assistance from this program.

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Signature of Parent/Guardian:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date