



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 November 29th
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.
6. Children **Must Be Present** to shop.

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.

Signature of Parent/Guardian:

Signature

Date

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