

West Deptford Township Station 6-2

(856) 848-2926 - Business

____/_ Date

Date

1415 Crown Point Rd

Signature of the waitress

Signature of Parent/Legal Guardian

Westville, NJ 08093	(856) 848-2436 - Fax		
"REACHING H	ligher Since 1916 33		
3	Parental/Legal Guardian to Waitress for Bingo		
I,	Relationship		
I,Relationship			
I am signing this document with the understanced food and beverages.	ading of the risks involved while serving hot and		
This document must be signed by the propose returned to the Verga Fire Department before waitress any scheduled event.	d waitress and his/her parent/legal guardian and the above-named person will be permitted to		

Waitress Program Application for Membership

		Todays Date:	_//	
Name: Last	First	Mide	Middle	
Address:				
Birth Date:/	Age:	Sex:		
Home Telephone:	Work Telephone:			
Parent's/ Legal Guardian's Name: 1		2		
Social Security Number:	Drivers Licens	e Number:	State:	
Employers Name and Address:				
approximate date(s), and explain the c	irodinstances.			
Please provide two personal reference	s:			
Name:Address:				
Telephone:	Telephone	Telephone:		
Convenient time to contact:	Convenien	Convenient time to contact:		
Printed Name of Proposed Waitress: _ Signature of Proposed Member:				
Printed Name of Parent/ Legal Guard Signature of Parent/Legal Guardian: _				