New Castle/Henry County
Shop with a Firefighter 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 Firefighter
   229 N Main Street Fax:765-521-6816
   New Castle, IN 47362
3. Application **must be clearly printed and legible**.
4. Applications deadline is no later than 4pm, **Wednesday**, November **25, 2026**
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
7. If selected do not arrive more than 15 minutes before your shopping time
8. Must show a valid Henry Co. address (Driver's License or State ID Card)

Parent(s) Information:

Parent name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Other phone: _____ Relationship: _____

Child's Information: No Children over 15 yrs. Of age

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 Firefighter 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 Firefighter-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